

ACTIVATION / ENABLING OF E-BANKING ACCESS

A. DESIGNATED USER DETAILS:

Full Name:
User ID:

B. REQUEST FOR ACTIVATION:

- Activation of e-banking access (user id and password) following the reissuance of e-Banking password.
I hereby acknowledge receipt of the e-Banking credentials (password).
- Enabling of e-banking access (user id and password) following the disabling of the User.

Designated User Signature:

Date:

For activation purposes please forward this document duly completed and signed by email to the following email address: ebanking@eurobank.com.cy

FOR INTERNAL USE ONLY		
Place of Application:	Received by:	Date:
Checked and Signature Verified by (1):		Date:
Checked and Signature Verified by (2):		Date:
Accepted and Completed by Centralised Services on		