Eurobank
Cyprus

INTERNET BANKING APPLICATION FORM – INDIVIDUALS

Date: _____

New Application: ☐ _____ **(User ID)**

Change Application: ☐ _____ **(User ID)**

Termination of service: ☐ _____ **(User ID)**

Guidance notes to complete this application:

1. In section 1, the Account Holder's Information must be completed.

2. Section 2 must be completed only if the Account Holder requests to view and/or perform transactions for all accounts held with Eurobank Cyprus Ltd.

3. Section 3 must be completed only if the Account Holder authorizes another Designated User to view and/or perform transactions for all accounts held with Eurobank Cyprus Ltd.

4. Section 4a **must** be completed if this application is for joint account(s).

5. In section 5, the necessary fields for the charges resulting from the supply of Security Device should be filled.

6. In section 6, the Account Holder should sign the application. If the Account Holder wishes to add joint accounts to his/her subscription, then all account owners (co-owners) are also required to sign.

1. Account Holder's Information			
Name	Surname	ID/Passport Number	CIF Number *(for Bank use only)*

2. I/We request access to Eurobank's electronic banking in order to perform transactions and retrieve information for all my/our Accounts held with Eurobank Cyprus Ltd.			
User ID:			
E-mail address to receive User ID / Password via e-mail:			
Mobile Telephone No. to receive User ID / Password via SMS:			
Type of e-Banking Security Device	☐ Software €7 Credential ID: *(for Bank use only)*		☐ Hardware €15 Serial Number: *(for Bank use only)*

Delivery Instructions of the e-Banking Security Device:

☐ By hand from the Banking Center.

☐ By post to the following mailing address:

☐ By hand to the following Authorised Representative (Name & ID/Passport Number):

☐ By courier to the following address(*):

Access Level on Accounts	☐ F	☐ V
Daily Limit (to be completed in case of Full Access) *(If no limit is specified, the maximum allowable limit will apply)*	€	

* The courier cost will be charged to the customer's account.

F = Full Access Role (can both create and authorize transactions).
V = View only (no permissions for transactions).

2a. Access to All Accounts:　　☐ **YES**　　☐ **NO**

　　If **NO**, complete section 2b.

2b. Account Access Details			
Addition	**Account Number**	**Account Currency**	**Daily Account Limit (in account currency)**
☐			
☐			
☐			
☐			
☐			
☐			

2c. Automatically Add All Future Accounts:　　☐ **YES**　　☐ **NO**

3. Designated User's Information			
I/We hereby authorise below person to perform transactions and/or get information for all my/our accounts held with Eurobank Cyprus Ltd.			
Name	Surname	ID/Passport Number	CIF Number *(for Bank use only)*

User ID:	

E-mail address to receive User ID / Password via e-mail:	

Mobile Telephone No. to receive User ID / Password via SMS:	

Type of e-Banking Security Device (applicable only if Access Level is F)	☐ Software €7 Credential ID: *(for Bank use only)*	☐ Hardware €15 Serial Number: *(for Bank use only)*

Delivery Instructions of the e-Banking Security Device:

☐ By hand from the Banking Center.

☐ By post to the following mailing address:

☐ By hand to the following Authorised Representative (Name & ID/Passport Number):

☐ By courier to the following address(*):

Access Level on Accounts	☐ **F**	☐ **V**
Daily Limit (to be completed in case of Full Access) *(If no limit is specified, the maximum allowable limit will apply)*	**€**	

* The courier cost will be charged to the customer's account.

F = Full Access Role (can both create and authorize transactions).
V = View only (no permissions for transactions).

3a. Access to All Accounts: ☐ **YES**   ☐ **NO**

If **NO**, complete section 3b.

3b. Account Access Details			
Addition	**Account Number**	**Account Currency**	**Daily Account Limit (in account currency)**
☐			
☐			
☐			
☐			
☐			
☐			

3c. Automatically Add All Future Accounts: ☐ **YES**   ☐ **NO**

4. Joint Accounts:

4a.   ☐   I/We request to add the below joint accounts to my e-Banking.

If the Account Holder does not complete specific account numbers, then all existing joint accounts with the co-signor(s) of this application will be added.

1. _____   2. _____
3. _____   4. _____
5. _____   6. _____

4b. ☐   I/We request to add any future Joint Accounts to my e-Banking.

5. Charges:

I/We authorize the Bank:

☐   to debit my/our account _____, or any other account(s) in my/our name, with the amount of _____ being a once off charge for the supply of the e-Banking Security Device(s).

☐   to debit my/our account _____, or any other account(s) in my/our name, for Postages/Courier expenses (if applicable as per delivery instructions of the e-Banking Security Device).

6. Authorizations

I/We hereby authorize the Bank to send to me/us via e-mail or through the short message service (SMS), according to the above contact details, the Password and the User ID, without any charge.

7. Account Holder/s Declaration

I/We hereby declare that all information given in this form is true and accurate. We have read, understood, agreed with and accept the Terms and Conditions of Use of e-Banking which are available at www.eurobank.com.cy. All issues resulting from use of electronic banking services are to be regulated according to the Terms & Conditions and applicable laws. I/We hereby irrevocably authorize the Bank to charge the accounts listed above with all transactions and fees resulting from the use of electronic banking services, according to its effective Commission and Charges Table without prior notice.

I/We further acknowledge that I/we shall be solely responsible for the safety and confidentiality of the personalized security credentials (USER ID(s),password(s) and security device). I/We acknowledge that the Bank may consider that the personalized security credentials have been duly received by the Designated User(s) and/or me/us and I/we declare that the Bank shall bear no responsibility for any damage suffered by me/us and/or the Designated User(s) caused by the failure of receipt of any such personalized security credentials due to wrong email address and/or mobile telephone number or due to technical problem or due to any other reason whatsoever, except if such reason is solely attributed to the Bank.

<u>Full Name</u>   <u>Signature</u>

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

(IN CASE OF JOINT ACCOUNT, <u>ALL</u> ACCOUNT HOLDERS MUST SIGN THE APPLICATION)

For Bank Use Only

Place of Application (Branch):   Application Date:

Accepted by: Signature Verified By:

Approved By: