

INTERNET BANKING APPLICATION FORM
APPLICATION FOR ELECTRONIC SERVICES FOR COMPANIES, PARTNERSHIPS,
PROVIDENT FUNDS OR OTHER LEGAL ENTITIES

Date: _____

New Application: _____ (User ID)

Change Application: _____ (User ID)

Termination of service: _____ (User ID)

Guidance notes to complete this application:

1. In section 1, complete the applicant's/account holder's details.
2. In section 2, complete the details of the natural person that you designate to make transactions and/or inquiries to your accounts.
3. In section 3, complete the accounts you wish the Designated User to use.
4. In section 4, complete the transaction limits per transaction type you wish to use and the number of electronic signatures required for all accounts specified in section 3a or 3b.
5. In section 5, fill in the necessary fields for charges resulting from the supply of e-Banking Security Device.
6. Section 7 must be signed by the authorized signatories of the Applicant.
7. If you wish to give access to other users, please complete Part B, which must be signed by the authorized signatories of the Applicant.

1. Applicant's/Account Holder's Details (Company, Partnership, Provident Fund or Other Legal Entity)	
CIF	(for Bank use only)
Applicant's Name	Registration No.

2. Designated User 1 Personal Details				
Name	Surname	ID/Passport Number	User ID	CIF Number (for Bank use only)
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 A or F)	<input type="checkbox"/> Software €7 Credential ID: (for Bank use only)	<input type="checkbox"/> Hardware €15 Serial Number: (for Bank use only)		
Delivery Instructions of the e-Banking Security Device:				
<input type="checkbox"/> By hand from the Banking Center.				
<input type="checkbox"/> By post to the following mailing address:				
<input type="checkbox"/> By hand to the following Authorised Representative (Name & ID/Passport Number):				
<input type="checkbox"/> By courier to the following address(*):				
Access Level on Accounts	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> V
Select Signature Group	N/A	Click here	Click here	N/A

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

I = Input Only Role (creates/inputs transactions without permission to execute those).
 A = Authorize Only Role (can only authorize transactions to be sent - without permission to create them).
 F = Full Access Role (can both create and authorize transactions).
 V = View only (no permissions for transactions).

3. Daily Limits

Please specify: - Legal Entity Daily Limit: € _____ **OR**
 - User Global Daily Limit: € _____

(If no limit is specified, in sections 3a, 3b & 3c the maximum allowable limit will apply.)

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

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

3b. Account Access Details			
Addition	Account Number	Account Currency	User Account Daily Limit (in account currency)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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

3d. Access (view only) to Investment Portfolio Statement: **YES** **NO**

4. Signature Mandate For All Accounts (Does not apply if access level is I or V)										
Transaction Type	From Amount (€)	To Amount (€)	Total Number of Signatures Required	Total Number of Signatures Required per Group (if applicable)						
				Group A	And /Or	Group B	And /Or	Group C	And /Or	Group R
Transfer between company accounts					—		—		—	
					—		—		—	
Transfer to Eurobank accounts (third party)					—		—		—	
					—		—		—	
International Payments					—		—		—	
					—		—		—	
Transfer to other local banks					—		—		—	
					—		—		—	
All type of transactions					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	
					—		—		—	

5. Charges

We authorize the Bank:

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

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. 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.

We also hereby confirm that we understand that the User Global Daily Limit assigned and approved for the Designated User in the present application will be added upon any other previous or future limit that this Designated User has or may have in the future for any purpose (this statement applies only where the answer to section 3(a) of the present application is "YES" and 'User Global Daily Limit' is selected).

We further acknowledge that we shall be solely responsible for the safety and confidentiality of the personalized security credentials (USER ID(s), Password(s) and Security Device). We acknowledge that the Bank may consider that the personalized security credentials have been duly received by the Designated User(s) and/or us and we declare that the Bank shall bear no responsibility for any damage suffered by us and/or the Designated User(s) caused by the failure of receipt of 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.

Name: _____ (Applicant's Seal) Signature: _____

For Bank Use Only	
Place of Application (Branch):	Application Date:
Accepted by:	Signature Verified By:
Approved By:	