



APPLICATION FORM

(Companies, Partnerships, Trade Names and other legal entities)

Instructions to complete the application form:

- Read the Terms and Conditions carefully
- The definitions for the meaning of words and phrases included in the application are explained in the Terms and Conditions.
- Complete all paragraphs and make sure that your selection is marked in all the required sections.
- With the present application, you will be granted access to all **1bank** service channels (internet, telephone, mobile phone).

1. Details Of Customer/Applicant

Name:

Reg. Number:

Mail Address:

Postal Code:..... City:Country:.....

Telephone Numbers: Fax:

E-mail Address:

2. Personal Details Of Authorized Persons

By completing the table below, you give access to the services to each Authorized Person and the accounts to be connected with **1bank** Service.

3. Access Levels/Services Provided

PERSONAL DETAILS FOR AUTHORISED PERSONS

You must be entitled to disclose the personal details

Please make sure that all Authorized Persons have read and agreed to the Declaration for the protections of Personal Data

	Authorized Person A	Authorized Person B	Authorized Person C
Name:	.....	.....	.....
Surname:	.....	.....	.....
Identity Number/Passport Number.	.....	.....	.....
Company Title	.....	.....	.....
ACCOUNTS TO BE CONNECTED			
Connection of all accounts	YES/NO	YES/NO	YES/NO
If you answered NO, please specify the accounts to be connected	.....	.....	.....
Automatic connection of new accounts	YES/NO	YES/NO	YES/NO
ACCESS LEVELS/SERVICES			
Full Access/All Services *	YES/NO	YES/NO	YES/NO
New User ID **	YES/NO	YES/NO	YES/NO
If your choice is NO, please state:			
- Existing User ID	.....	.....	.....
- User Name	.....	.....	.....



Full Access/All Services = carry out transactions and retrieve information, including through the use of Third Party Providers ('TPPs'), such as Payment Initiation Service Providers ('PISPs') and Account Information Service Providers ('AISPs') and give an explicit consent to the Bank to grant relevant requests from such TPPs.

Information Only = retrieve information regarding your transactions, the balance of an account, cheque imaging, including through the use of TPPs, such as Account Information Service Providers ('AISPs'), and give an explicit consent to the Bank to grant relevant requests from such TPPs.

A list with complete details regarding the Services offered is available at any branch of the Bank and/or at the Bank's website www.bankofcyprus.com.cy

* **If you wish to make third party transfers, please complete the application for a Digipass.** If you wish for transfer of funds/payment orders to require the signatures of at least two of the above Authorized Persons, please complete an **application for Access Levels of Electronic Signatures.** The instructions enclosed therein shall prevail to those given in the table above.

** **Please specify if you wish the Authorized Person to use their existing User ID when they access your accounts or do so by acquiring a new User ID.** In such case and if you choose to grant the Authorized Person access to all Services, he/she will be allowed to transfer money from your account to any other accounts he/she chooses based on his/her daily limit for Third Party transfer. The Authorized Person may modify these limits at any time.

Note:
The Services mentioned in this application are indicative only and do not constitute an exhaustive list of Services offered. Services that may be introduced in the future will be offered automatically to the Authorized Person.

4. Access Codes

The User ID will be sent to each authorized person with an SMS to the mobile phone that is registered in the Bank. Each authorized person should follow the instructions given in the message in order to create their Passcode.

DECLARATION

- We hereby declare that we have read, understood and accept the terms of conditions of **1bank** as they appear on the website www.bankofcyprus.com.cy
- We acknowledge that instructions accepted by the Bank from the Authorized Person are accepted solely at our own risk and the Bank is not liable for any actions taken in accordance with instructions given pursuant to the present application and/or Declaration and/or authorization.
- We confirm that the information given in this application is accurate, true and complete.

Notes:

1. If the Customer/Applicant is a company, the person authorized by the Board of Directors should sign the application.
2. If the Customer/Applicant is a partnership all partners should sign the application.
3. If the Customer/Applicant is a Trade Name, the owner of the Trade Name should sign the application. If the owner of the Trade Name is a company, the application should be signed as 1. above.

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Signatures Date

<p>FOR INTERNAL USE (Branch)</p> <p>Applicant CIF:</p> <p>Branch Number:</p> <p>Date:</p> <p>Stamp & signature:</p>
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