



APPLICATION FOR AMENDMENT TO E-BANKING SERVICES

(Companies / Partnerships / Provident Funds and other legal entities)

- This form is to be used only for amendments relating to existing Users and not for new Users
- Please complete only the part(s) for which amendment is required
- This form must be signed by the relevant Authorised Persons/Signatories of the Account Holder

DETAILS OF ACCOUNT HOLDER			
Legal Entity Name			
Registration No		Country of Incorporation	
Contact Person		Telephone No	

DETAILS OF AUTHORIZED USER(S)			
Full Name	I.D. Card / Passport	User ID	
User 1			
User 2			
User 3			

A) User's access rights: <i>Please select the required access rights of each authorized user</i>			
Access Rights	USER 1	USER 2	USER 3
Cancelation of Access (access will be terminated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-activation of Access (access will be temporarily suspended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-activation of Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Access from All Services /Full Access to Inquiries (View Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Access from Inquiries (View Only) to All Services/Full Access - Please complete the 'Application form for access levels of multiple electronic signatures', if multiple signatures schemes are required (eg. The transactions are to be performed by two or more of the above Users and not solely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Revised Daily Limits per Account: <i>Please state, for each account or for all accounts</i>	
Revised Limit to apply to all above Users for all connected accounts of the above Account Holder:	

OR Revised Limit for the below specific accounts	
Account no	Limit

C) Connected accounts: please complete account number and indicate whether it should be added or removed

Connected Accounts	USER 1		USER 2		USER 2	
	Add	Remove	Add	Remove	Add	Remove
Account Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please apply the above amendments regarding the authorization for access of the above Authorized User(s), on behalf and for our account, to the e-banking services of the Cyprus Development Bank:

Director	<input type="text"/>	Signature	<input type="text"/>
Director	<input type="text"/>	Signature	<input type="text"/>
Director	<input type="text"/>	Signature	<input type="text"/>
Director	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		

Notes:

- i. If the applicant is a company, the person authorized by the Board of Directors should sign this form
- ii. if the applicant is a partnership, all partners should sign the application
- iii. If the 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, then the person authorized by the Board of Directors of the Company should sign the application.

FOR BANK USE ONLY			
Application receipt date		<u>E-Banking Admin</u>	
CIF(s)		USER ID(s)	
DP checking <input type="checkbox"/>		USER 1	
Signature(s) verified by		USER 2	
Branch		USER 3	
Prepared by		Processed by	
Approved by		Checked by	
Date:		Date	