

Changes in Existing Authorization for 1bank Service (For Individual Only)

Fax: 22123992

Date : ___/___/___

Applicant Details:

Name: _____ Identity/Passport Num: _____

Please proceed to the following change/s regarding my authorization access to the following User:

Authorised Person Details:

User Name: _____ Identity / Passport Number: _____

User ID: _____

YES / NO Change of Access from Information to Full.

YES / NO Change of access from Full to Information

YES / NO Connection of existing and future accounts

YES / NO Addition of the following account/s:

YES/NO Disconnect the following account/s:

YES / NO Access to the insurance policies that I maintain with GIC/EuroLife

YES / NO Cancellation of Authorization

(Signature)

