

Authorization/Application for the Appointment of an Authorized Person

This application is to be completed if you wish to authorize a third person to have access to your accounts through the **1bank** Service (internet, telephone, mobile phone). The Authorized Person will have access to your accounts through his/her own User ID and Passcode. For each Authorized Person you must complete a separate application. **It is clarified that in order for the Authorized Person to have Full Access to joint accounts, it is necessary for this application to be signed by all the account holders.**

How 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 required sections.

PERSONAL INFORMATION

Full Name:..... ID Card/Passport Number.: Contact Phone: *:..... * for this application purposes only

INFORMATION OF AUTHORISED PERSON

User Name: ID Card/Passport Number.: User ID:
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ACCOUNTS TO BE CONNECTED

- A i. All accounts with the Bank of Cyprus Group (please circle)
 or ii. The following accounts

YES/NO

.....

- B. Automatic Connection of all Future Accounts (please circle)

YES/NO

ACCESS LEVELS/SERVICES PROVIDED

Select your choice (please circle):

ALL SERVICES*/INFORMATION ONLY**

***ALL SERVICES** = carry out transactions and retrieve information

****INFORMATION ONLY** = retrieve information regarding your transactions, the balance of an account, cheque imaging

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

Notes

1. Should you choose to give the Authorized Person access to All Services, he/she will be allowed to transfer money from your accounts to any other account he/she chooses based on his/her daily transfer limits. The Authorized Person may modify these limits at any time.
2. The Services mentioned in this application in relation with the access levels are indicative only and are not an exhaustive list of services offered. Services that may be introduced in the future will be offered automatically to the Authorized Person according to the access level/Services you choose.

DECLARATION

- I/we hereby authorize the Bank to debit my/our account with instructions given by the Authorized Person and I/we accept liability for any balance on my/our accounts, plus interest, charges and other fees.
- I/we acknowledge that instructions accepted by the Bank from the Authorized Person are accepted solely at my/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.
- I/we hereby declare that I/we have read, understood and accept the Terms and Conditions of **1bank** as they appear on the website www.bankofcyprus.com.cy
- I/we undertake to inform the above authorized person that he/she can learn about the processing of his/her personal data, his/her rights as well as other important information regarding the security and use of his/her data at the Bank, by referring him/her to the “Bank’s Privacy Statement” which is available at any branch of the Bank and/or on the website www.bankofcyprus.com.cy
- I/we confirm that the information given in this application is accurate, true and complete.

This authorization shall remain valid until revoked by myself/ourselves in writing or by a new authorization.

Applicant(s) signature(s):

Date:.....

.....

FOR INTERNAL USE (Branch)	
Applicant CIF:	Stamp & Signature:
Branch Number:	Date