

## AUTHORIZATION - APPLICATION FOR THE APPOINTMENT OF AN AUTHORIZED USER FOR CDB E-BANKING (FOR INDIVIDUALS ONLY)

This application should be completed if you wish to authorize, as Account Holder, a third person to have access to your Accounts (ie. become an authorised User). Based on the access rights hereby authorised, this third person may be able to give instructions in relation to your Accounts through the cdb e-Banking. **The authorized User will be given such access through his/her own User ID.** 

- For each authorized User you must complete a separate application form.
- For the authorised User to have full access to <u>joint accounts</u>, it is necessary for this application to be signed by all Account Holders.

Instructions to complete the application form:

- Read the Terms and Conditions carefully available at www.cdb.com.cy under "e-Banking"
- The definitions for the meaning of words and phrases included in the application are explained in the Terms and Conditions
- Complete all paragraphs and indicate your selection in all required sections
- Make sure that you have read and agree with the Declaration at the end of the application and the Declaration regarding your Personal Data and that the authorised User(s) have read the Personal Data Statement (also at the end of your application), comprising the briefing by the Bank regarding their personal data and the statement and consent by the authorised User(s), and that they agree with and have signed the said statement and consent.

PART A: DETAILS OF ACCOUNT HOLDER									
PERSONAL DETAILS OF ACCOUNT HOLDER(S)									
Full Name(s)				CIF (for internal use)					
Identity Card/ Passport Nos.									
PART B: AUTHORIZED	USERS								
Please complete the details of the natural persons to be authorized to have access as Users to the e-banking services of the Bank and make transactions and/or inquiries *  B.1. PERSONAL DETAILS FOR AUTHORIZED USERS *									
	USER 1	USER 3							
CIF (For Bank use)									
Forename:									
Surname:									
Identity Card /									
Passport No									
Mailing Address									
Date of birth									
Mobile No									
Email									
USER IDs: State if you w	vish the authorized persons to u	ıse their e	xisting User IDs to acce	ess your accounts or new User IDs					
		are given	to Users as Individuals	for personal accounts (and not for					
the access of authorized	Users of Legal Entities)								
New User ID (please select)	YES / NO	YE:	S / 🔲 NO	YES / NO					
If you selected NO,									
please state the									
existing User ID									

<b>B.2. ACCOUNTS TO BE CONNEC</b>	TED - ACCESS LI	EVELS/SERVICE	S PROVIDED:			
Please indicate your selection						
	USER 1		JSER 2		USER 3	
	ACCOUN	ITS TO BE CONN	IECTED	ı		
Connection of <u>all Accounts</u> you maintain with the Bank?	YES / NO	YES	/ NO		YES / NO	
If you answered NO, then please						
specify the accounts to be						
connected:						
Automatic Connection of all new/future Accounts?	YES / NO	□ YES	/ NO		YES / NO	
new/ruture Accounts?						
(All O	ACCESS LEV	/ELS/SERVICES	PROVIDED			
'All Services/Full Access' to User(s), for the present/future	☐ YES / ☐ NO	☐ YES	/ NO		YES / NO	
Accounts that you have						
indicated above?	4h a ah ay a mayaan	al dataila Diagga	mandra ovven that	مالمنطامة	مطالممع ميرمط معمط الممع	
* You must be entitled to disclose	•					
Personal Data Statement at the enand the statement and consent by						
consent. * TYPES OF ACCESS LEVELS:						
• Inquiries (View Only): A	cooss to perform i	nauirios io rotrio	vo information vi	a 'adh a E	Panking' such as account	
transactions, the balance	-	•			_	
·	•			•		
<ul> <li>All Services / Full Acce         External Payments etc.     </li> </ul>	ss. Access to pen	onn inquines <u>anc</u>	i to carry out tran	isactions,	such as rund transfers,	
-						
NOTES:  1. In case that you selected	to give access to	All Services/Eu	II Access to the	authoria	yad Usar halsha will ha	
allowed to transfer mon	-					
own daily transfer limits	-	_			ooses. <u>baseu on ms/nei</u>	
Services that may be intro	•	•			and Hear according to the	
'access levels/services pr			•	ie autrioris	sed Oser according to the	
·		That you onloose as				
PART C: DECLARATION	-\C			. •	-1- 1 1 1-1-	
I/we, the Account Holder(	s), confirm that the	information giver	in this application	n is accur	ate, true and complete.	
<ul> <li>I/we, the Account Holder( instructions regarding suc</li> </ul>	•				· . · · · · · · · · · · · · · · · · · ·	
<ul> <li>I/We hereby authorize the accept liability for any ball</li> </ul>	-		-	•		
<ul> <li>I/we acknowledge that in Bank is not liable for any</li> </ul>	structions thus ac	cepted by the Ba	ink are accepted			
•					d ada a	
This authorization shall remain valid	until revoked by n	nyseit/ourseives ir	n writing or by a n	ew autnor	ization.	
Account Holder Name(s)	)	Account Ho	older Signature(s	s)	Date	
					1	
FOR INTERNAL USE (Branch)			FOR INTERNAL	<u> USE (E</u> -	Banking Admin)	
Applicant CIF			User ID	<u> </u>	,	
DR shooking						
DP checking						
Branch no			Processed by			
			(stamp & signature)			
Prepared by			Checked By			
(stamp & signature)			(stamp & signature)			
Approved by (stamp & signature)						
, , ,			Dete			
Date			Date			