



**APPLICATION FOR eBANKING ACCESS RIGHTS TO MULTIPLE ELECTRONIC SIGNATURES - LEGAL ENTITIES  
(MULTIPLE SIGNATURE SCHEME)**

Instructions for completing the current application.

- By completing and signing the current application in addition to the Application for eBanking Services, you can specify the required multiple electronic signatures for instructions given in relation to the eBanking Services.
- Any instructions given in the current application will prevail those given in the Application for eBanking Services and/or the Application for Amendment to eBanking Services (where applicable)

**1. APPLICANT INFORMATION**

<b>Legal Entity Name</b>	<b>Registration Number</b>	<b>CIF</b>

**2. MULTIPLE ELECTRONIC SIGNATURE SCHEME**

<b>View only</b>	Provides access to <b>View</b> information only
<b>Create</b>	Provides access to <b>Initiate</b> an instruction which remains pending until further authorisation by another Authorised User
<b>Authorise</b>	Provides access to <b>Confirm and Authorise</b> a pending instruction (completion of a transaction depends on the number of required signatures as indicated in Section 2.A, 2.B, 2.C or 2.D)
<b>Full Access</b>	Provides access to <b>solely Execute instructions</b> , without requiring further authorisation (completion of a transaction depends on the number of required signatures as indicated in Section 2.A, 2.B, 2.C or 2.D)

**2.A. SCHEME WITH A SPECIFIED NUMBER OF AUTHORISATION SIGNATURES FOR GENERAL TRANSACTIONS**

You are kindly requested to specify below the number of Authorised Users required to **AUTHORISE** a transaction. That is, you are requested to specify the number and details of Authorised Users with "**Authorise**" and/or "**Full**" access to execute a transaction.

Number of signatures required to **Authorise** a transaction:

Name and Surname of Authorised User	User ID	Transaction Rights: (Only one option for each Authorised User)			
		View Only	Create	Authorise	Full Access
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.B. OTHER / COMBINATION SCHEME FOR GENERAL TRANSACTIONS**

Name and Surname of Authorised User	User ID	Signature Group	Transaction Rights: (Only one option for each Authorised User)			
			View Only	Create	Authorise	Full Access
			<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"/>

You are kindly requested to specify below the amounts/signature combination scheme to be applied.

**2.C. BULK PAYMENT SCHEME**

Name and Surname of Authorised User	User ID	Transaction Rights: (Only one option for each Authorised User)				
		Signature Group	View Only	Create	Authorise	Full Access
			<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"/>

You are kindly requested to specify below the amounts/signature combination scheme to be applied.

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**2.D. PAYROLL SCHEME**

Name and Surname of Authorised User	User ID	Transaction Rights: (Only one option for each Authorised User)				
		Signature Group	View Only	Create	Authorise	Full Access
			<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"/>

You are kindly requested to specify below the amounts/signature combination scheme to be applied.

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**3. ACCOUNTS TO WHICH THE ABOVE SCHEME WILL APPLY**

You are kindly requested to specify the Account/s to which the multiple electronic signatures scheme will apply, as indicated in Section 2.A, 2.B, 2.C, 2.D.:

<input type="checkbox"/> TO ALL ACCOUNTS	<b>2.A</b>	<b>2.B</b>	<b>2.C</b>	<b>2.D</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TO THE FOLLOWING ACCOUNTS				
	<b>Account Number:</b>	<b>2.A</b>	<b>2.B</b>	<b>2.C</b>
	<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"/>

**4. ACCOUNT HOLDER DECLARATION**

Although we understand that instructions given or transactions created by the Authorised User/s and received by the Bank are irrevocable and subject to the Bank's discretion, we hereby authorise the Cyprus Development Bank plc to accept from any one of the persons who have access to authorise transactions (i.e. "Authorise" or "Full Access") as above, instructions through eBanking for the revocation of instructions/transactions in relation to any of our above accounts.

We hereby:

- Confirm that the current application forms part of the Application for eBanking Services and/or the Application for Amendment to eBanking Services (where applicable), already signed by us for access to the cdb eBanking Services and is bound by the Terms and Conditions For the Use of eBanking Services", available on the Bank's website www.cdb.com.cy under the "eBanking" Section.
- Confirm that we have been informed of the transactions that may be executed under the Multiple Electronic Signatures Scheme and that the Bank reserves the right to add new transaction types which shall be automatically added to the existing Multiple Electronic Schemes.
- Confirm that the information provided in the current application is accurate, true and complete.

The instructions given herein shall remain in force until the Bank receives a notice of revocation in accordance with the Terms and Conditions for Use of the eBanking Services or until a new Application for Access Rights to Multiple Electronic Signatures is submitted for the same Account/s.

Name and Surname (as defined in para. 3 of the "Resolution")	Signature	Date

FOR INTERNAL USE (Business Centre)			
	AUTHORISED USER - 1	AUTHORISED USER - 2	AUTHORISED USER - 3
Prepared by: (stamp & signature)			
Checked and approved by: (stamp & signature)			
Date			

FOR INTERNAL USE (eBanking Administration)			
	AUTHORISED USER - 1	AUTHORISED USER - 2	AUTHORISED USER - 3
User ID			
Input by: (stamp & signature)			
Date			
Checked by: (stamp & signature)			
Date			

**RESOLUTION**

Date: .....

To: The Cyprus Development Bank Public Company Ltd («the Bank»)

Dear Sirs,

We hereby inform you that at a meeting of the Board of Directors/the Management Committee/the General Partnership or Limited Partnership of

.....  
*(the Company/Provident Fund/Partnership) held at its registered office on (date)* .....

the following resolutions were unanimously passed and have been duly entered in the Company's /Fund's/ Partnership's minute book.

It was resolved that:

1. The Company/Fund/Partnership will submit to the Bank an Application for eBanking Access Rights to Multiple Electronic Signatures
2. The Company/Fund/Partnership has studied the Terms and Conditions of the Bank's eBanking Services and accepts and fully agrees with them.
3. All documents which should be signed by the Company/Fund/Partnership for instructions given in relation to the Application for eBanking Access Rights to Multiple Electronic Signatures to the accounts maintained with the Bank, which are given to the following authorised person(s), shall and /or have been signed by

.....  
.....

4. The Company/Fund/Partnership authorises the following natural persons as AuthorisedUsers for the cdb eBanking Services and appoints them to receive the respective User ID(s), Password(s) and Security Systems, and hereby authorises them to use the cdb eBanking Services, as Authorised Users, in order to operate the accounts of the Company/Fund/Partnership and/or utilise all available eBanking Services according to the instructions given in the "Application For eBanking Services" and where applicable, the "Application For eBanking Access Rights to Multiple Electronic Signatures" . Additionally, the Bank is hereby authorised to execute the instructions of the Authorised User(s) specified in this paragraph.

Authorised User 1 ..... ID. Card/Passport No .....

Authorised User 2 ..... ID. Card/Passport No .....

Authorised User 3 ..... ID. Card/Passport No .....

5. This resolution does not affect any other resolution(s), instruction(s) or mandate(s) given or to be given to the Bank in relation to any account, loan or other facility present or future.
6. The Company/Fund/Partnership shall inform the Bank from time to time of any changes in the Authorised User and/or of any amendments and/or additions to the present application.
7. The Bank shall be informed immediately of any changes in the composition of the Board of Directors/Management Committee/General Partner and the Company's/Fund's/Partnership's secretary and of any changes in the Memorandum and Articles of Association/Partnership Deed of the Company/Fund/Partnership.
8. The present resolution shall be communicated to the Bank and shall remain in force and shall be binding and valid until a new amending resolution of the Board of Directors/Management Committee/General Partner certified by the Secretary and Chairman as true copy is communicated to the Bank.

We certify that the above is a true copy of the extract of the minutes of the Board of Directors/Management Committee/General Partner herein above mentioned. We further certify that no changes have been made to the Company/Fund/Partnership officials as they appear in the certificate we provided to you on (date)

.....  
nor have there been any changes to the Memorandum and Articles of Association/Partnership Deed given to the Bank and which have been certified as true copy by

.....

on (date) .....

Directors/Management Committee/General Partners Name/s and Signature/s

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Secretary Name and Signature

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**Stamp**