



ALPHA BANK

ALPHA WEB BANKING APPLICATION FORM FOR PHYSICAL PERSONS
Please fill in the application with capital letters and mark with "x" where necessary!

Type of application (please choose):

INITIAL REGISTRATION

NEW PASSWORD / TOKEN

DEACTIVATING REGISTRATION

ALTERATION OF PERSONAL DATA

REISSUING OF PASSWORD / TOKEN

BLOCKING DUE TO LOST PASSWORD / TOKEN

PHYSICAL PERSON (Mr / Ms):

Name		Personal ID Number	
Surname		City	
Address		Postal Code	
Date of Birth		Telephone	
E-mail		Mobile Telephone	

Rights to system usage*:	<input type="checkbox"/>	Passive – for review of account balances	<input type="checkbox"/>	Active – for initiation of transactions
Limits for initiation of transactions - accounts:	External payments - limit:			

By signing the present Application Form for Alpha Web Banking I hereby declare that:

I have been duly informed of and have unconditionally accepted the General Terms and Conditions for using Alpha Web Banking Service.

I am obliged to inform the Bank immediately in case of any change in the details provided above.

I am fully responsible for all actions, performed on my behalf after having been granted access to Alpha Web Banking Service.

I am fully aware that I bear material and criminal responsibility regarding the validity of the stated information.

Physical person

Responsible person/s from the Bank

signature

signature

For internal use only:

Branch Number:
CIF:
Username of physical person:
Serial Number:
Serial Number of Token: