APPLICATION FOR REACTIVATING A MOBILE DIGIPASS

FILL IN USING BLOCK CAPITALS!

Client information

Client _____

(Individuals – surname, name; legal entities – company name)

Client No.: ☐☐☐☐☐☐

Current Internet Bank user name: ☐☐☐☐☐☐☐☐☐☐☐

Please reactivate the mobile Digipass previously connected to the aforementioned Internet Bank user.

Reason for reactivation: _____

I confirm that that access data for the mobile Digipass activation website will be sent to the aforementioned Internet Bank user's mobile phone number and e-mail address as registered in the Internet Bank.

I confirm that, prior to signing the Application, I became acquainted with the Mobile Digipass Manual, understand and consent to its provision, and undertake to observe it.

Signature _____

Filled out at _____

Digipass key (Signature) _____

(Please complete if this document is signed and sent to the Bank electronically)

(This field is mandatory!)

Date of signing _____ L.S.

dd/mm/yyyy

Filled in by the person who accepted the Application

Surname, name _____

Signature _____

Date _____ L.S.

dd/mm/yyyy

Filled in by the Bank

Surname, name _____

Signature _____

Date _____ L.S.

dd/mm/yyyy