

ACCOUNT DETAILS				
Account Number: (six digit number)				
Account Holder(s):				
Completion of all the fields in the below section is mandatory for each User. Each User will receive his/her User Name and Token by post, and a Password by SMS to his/her registered mobile phone number.				
E-BANKING USER(S) DETAILS	User 1	User 2	User 3	User 4
Last Name:				
First Name:				
ID/Passport Number:				
Mobile Phone Number: (e.g. +352xxxxxxxx or +30xxxxxxxx)				
E-mail Address:				
Person Number: (to be completed by the Bank)				
DELIVERY ADDRESS FOR USER'S CREDENTIALS (In case the Delivery Address is different from the permanent address in the Bank's records)				
- Number and Street - City - Postal Code - Country				
REQUEST TYPE				
New User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modification of Existing User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deactivation of Existing User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE OF ACCESS RIGHTS (Please choose only one option per user)				
View only (The user has VIEW ONLY access and No transaction can be performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full access (The user may input and authorize his/her own transaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY TRANSACTION LIMIT (In Euro €)				
Daily Limit Per User (mandatory - applies only to the users with full access rights): - The sum of the individual user limits will be the limit per day for this account. - Zero limit is automatically applied for VIEW ONLY Users.				
MEANS OF COMMUNICATION / E-DOCUMENT ACTIVATION				
By ticking this box you acknowledge and agree that any and all documents available through the E-Banking service shall no longer be transmitted in paper form. THE BANK RESERVES THE RIGHT TO PROVIDE AT ITS DISCRETION INFORMATION TO EACH ACCOUNT HOLDER IN PAPER FORM TO HIS/HER LEGAL/REGISTERED ADDRESS INDICATED IN THE ACCOUNT OPENING APPLICATION.				<input type="checkbox"/> If this option is selected the application must be signed by all Account Holders.
DECLARATION BY THE ACCOUNT HOLDER(S) / E-BANKING USER(S)				
I/We request access to the Bank's E-Banking Service for the Users above. I/We hereby confirm that all information provide in this application form is true and correct. I /We hereby confirm having read and agreed to abide by the Specific Conditions governing E-Banking Service and understand that any changes to the these Conditions will be available on the website www.eurobankpb.lu				
	User 1 / Account Holder 1	User 2 / Account Holder 2	User 3 / Account Holder 3	User 4 / Account Holder 4
Signature:				
Place & Date:				