_____ *
(name of the Bank branch)

APPLICATION

FOR ☐* *GRANTING ACCESS* ☐* *AMENDING ACCESS RIGHTS*
FOR THE CLIENT AND ITS USERS TO THE «CLIENT-INTERNET-BANK» SYSTEM
(general)

Dated _____ *

Client Information					
Client Name/ Full Name*					
Identification Code of the Legal Entity / ONPP/ RNOKPP *					
Client Users Information					
Full Name of Signatory (Type A)*					
Email Address**			**Mobile Phone Number****		
Keyword*			**Preferred Login for the Client**		
Access to Services					
eSalary (yes/no)*	**iFOBS.OCI (yes/no)***	**iFOBS.SMSConfirmation**			
		Phone Number *	**Login Confirmation**	**Payment Confirmation** (yes/no)*	
			yes		
Fixed IP address					
Full Name of Signatory (Type B)*					
Email Address**			**Mobile Phone Number****		
Keyword*			**Preferred Login for the Client**		
Access to Services					
eSalary (yes/no)*	**iFOBS.OCI (yes/no)***	**iFOBS.SMSConfirmation**			
		Phone Number *	**Login Confirmation**	**Payment Confirmation** (yes/no)*	
			yes		
Fixed IP address					

Scope of User Rights (Signatories of Type A and Type B) for all Accounts (both existing and future), except as otherwise agreed by the Parties***

Rights for Accounts**** (yes / no)

View*	**Payments***	**Payment preparation outside Operating Time**	**Payment preparation for a future date ***	**Overdraft operations***	**Red balance***

Accounts to which the above-mentioned Users are not granted access rights***					
Account Number	**Currency (code)**	**Account Number**	**Currency (code)**	**Account Number**	**Currency (code)**

I have read and understood the content and terms of Terms and Conditions for Provision of Comprehensive Banking Services to Legal Entities and Sole Proprietors at JSC «KREDOBANK» (hereinafter referred to as the Terms), Rules for Use of Bank Payment Cards, the Bank's current Tariffs, as well as the System documentation. The requirements of the Terms, Rules for Use of Bank Payment Cards, the Tariffs, and the System documentation are mandatory for the Client.

By signing this Application, the Client and the Bank confirm that all essential contractual terms for the Bank's provision of access services to the System and services for its use have been agreed upon.

Employee servicing the Client at the Bank (to be completed by Bank)**:**

_____
(Full name, user in ABS B2, phone number and TOBO code)

BANK:

_____
(Full name of the Bank's representative, signature)

Place of Seal

CLIENT:

_____
(Full name of the Head, signature)

_____
(Full name of the Chief Accountant, signature)

Place of Seal

* Fields required to be completed.
** Required for sending authorization data (password, login).
*** **ATTENTION!** If access rights need to be changed, only the changes should be entered in the application!
**** Rights to make payments include right to view.