

_____*

(назва підрозділу Банку)

_____*

(name of Bank branch)

APPLICATION
FOR ☐* **GRANTING ACCESS** ☐* **AMENDING ACCESS RIGHTS**
FOR THE CLIENT AND ITS USERS TO THE «CLIENT-INTERNET-BANK» SYSTEM
(with respect to the designated accounts)

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*				Login desired by 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*				Login desired by 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							
Accounts available to Users (Type A and Type B) and relevant rights***							
Account Information*		Rights for Accounts**** (yes / no)					
Account Number***	Currency* (code)	View*	Payments*	Payment preparation outside Operating Time*	Payment preparation for a future date *	Overdraft operations*	Red balance*

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 Client at Bank (to be completed by Bank):

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

BANK:

_____ (Full Name of Authorised Person of Bank, signature)

Place of Seal

CLIENT:

_____ (Full Name of Head, signature)

_____ (Full Name of Chief accountant, signature)

Place of Seal

** Required for sending authorisation data (password, Login etc.).

*** **ATTENTION!** If access rights need to be changed, only the changes should be entered in the application!

**** Rights to make payments include right to