

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.

Filled in by the person who accepted the Application

Surname, name _____

Signature _____

Date L.S.

Filled in by the Bank

Surname, name _____

Signature _____

Date L.S.