

## APPLICATION FOR E-BANKING SERVICE

[Fill in capital letters information you requested]

Date of application \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Agency/Branch \_\_\_\_\_  
NIPT: \_\_\_\_\_

Name of Applicant:	_____
	(name, father's name, last name)
Username:	_____
	(minimum 6 characters)
Tel. fix. _____ / Mobil _____	Fax: _____ / E-mail _____
Address _____	
	(street, blv, apt, city/blvd, quarter, and block)

### ► Account/s that will be accessed by E-banking service

All

Specify: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Explanation: Specify by clicking the sign "x" on one of the quadratic.*

### ► The access you want to have to your accounts

Full access  [1.To view the balance, the statement of account/s movements. 2.Internal transfers between accounts at FIBank. 3.Transfers from FIBank accounts to other banks in Albania 4.Bill payment in the account of financial institution in FIBank or other banks in Albania 5.International transfers from an account at FIBank to accounts out of Albania 6.Foreign exchange from an account at FIBank to an other account at FIBank.7. Opening bank accounts]

Partial Access  [1. To view the balance, the statement of account/s movements]

*Explanation: Specify by clicking the sign "x" on one of the quadratic.*

Fund Transfers: All  or Specify accounts  1. \_\_\_\_\_

► Account to be debited by the Bank for commissions Nr. \_\_\_\_\_ [Debit Account for commissions of e-banking service will be 5 working days after the date of activation of e-banking]

**Pursuant to law Nr.9887, dated 10.03.2008 "On protection of personal data", I am well informed by the Bank and the signing of this document; I give my consent to process the personal data by the Bank.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Bank Employee