

APPLICATION FOR ISSUING A DIGIPASS (FOR 3D AUTHENTICATION OF ONLINE PURCHASES)

FILL IN USING BLOCK CAPITALS!

Client information

Client _____
(Individuals – surname, name; legal entities – company name)

Client identifier/No.

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Digipass receipt information

☐

Please provide me with a new Digipass token

☐

Please connect a Mobile Digipass

Please send credentials for the Mobile Digipass activation webpage to:

Mobile phone No. _____ E-mail address _____

Please connect the Digipass to the Internet Bank:

☐

for 3D authentication of online purchases via Payment Card Account No.:

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I confirm that, prior to signing the Application, I got acquainted with the Digipass Manual and/or Mobile Digipass Manual, understand its content, and consent to the provisions specified therein.

Signature _____

Digipass key (S) _____
(Please complete if this document is signed and sent to the Bank electronically)

Filled out at _____

(This field is mandatory!)

Date of signing

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 L.S.
d d m m y y y y

Filled in by the person who accepted the Application

Surname, name _____

Signature _____

Date

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 L.S.
d d m m y y y y

Aizpilda Banka

Surname, name _____

Signature _____

Date

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 L.S.
d d m m y y y y