

To:
Artemis Bank Information Systems Ltd
77 Strovolos Avenue,
Office 501,
2018 Strovolos, Nicosia

I would like to be informed in writing whether data concerning the following legal entity, are filed and processed in your database. I hereby provide you with all the necessary information needed to proceed with your search.

Note: This service is provided at the cost of ten (10) Euros per application.

LEGAL ENTITY'S (APPLICANT) INFORMATION

LEGAL ENTITY NAME: _____ CONTACT TELEPHONE: _____

COMPANY REGISTRATION NUMBER

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COUNTRY OF REGISTRATION: _____

ADDRESS:

STREET: _____ No.: _____ POSTAL CODE: _____ CITY: _____ DISTRICT: _____

APPLICANT'S REPRESENTATIVE INFORMATION

NAME: _____ SURNAME: _____ CONTACT TELEPHONE: _____

ADDRESS:

STREET: _____ No.: _____ POSTAL CODE: _____ CITY: _____ DISTRICT: _____

IDENTITY NUMBER

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AND/OR

PASSPORT NUMBER

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COUNTRY: _____

I WISH TO RECEIVE THE CREDIT REPORT:

AT ARTEMIS OFFICES: BY COURIER:

A decision of the Board of Directors of the Legal Entity thereby affirming its representative is required, along with a copy of the "Certificate of Directors and Secretary" of the Company issued less than one year ago.

NOTE: The signatures of the Directors and Secretary in the decision of the Board of Directors should be attested by a Certifying Officer. In case where the "Certificate of Directors and Secretary" is older than one year, a recent certificate of non-modification from the responsible authority should be attached.

DATE: _____

I confirm the accuracy of the above

LEGAL ENTITY'S REPRESENTATIVE

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**COMPANY'S STAMP &
REPRESENTATIVE'S SIGNATURE**



NOTE: For information regarding the processing of your personal data by the Customer Service Office of the Artemis Bank Information Systems Ltd ("Artemis") and other relevant information, you can refer to the "Consumer Contact Privacy Notice at the Artemis Customer Service Office", which is posted on the website of Artemis (www.artemis.com.cy). The Privacy Notice is also available at the Artemis Customer Service Office.

FOR ARTEMIS INTERNAL USE ONLY:

APPLICATION NUMBER: _____ TO BE DELIVERED BY COURIER AT BRANCH: _____

1. NAME: SIGNATURE:

2. NAME: SIGNATURE:

VERSION REVISION / DATE: 14.1 /08.01.2020	Contact information Tel.: 22 454777 Fax.: 22 420135	Email: info@artemis.com.cy http://www.artemis.com.cy	 ISO 9001 Ap. QS.1.10.019	 ISO 27001 Ap. ISMS.16.003
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