

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

According to the relevant information provided in this application, please proceed to the necessary actions for the **correction of the Data** maintained in your Database and concern the Legal Entity for which the necessary information is included in this form.

LEGAL ENTITY (APPLICANT'S) INFORMATION:

LEGAL ENTITY NAME: _____ COMPANY TEL.: _____

COMPANY REGISTRATION NUMBER

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COUNTRY OF REGISTRATION: _____

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

APPLICANT'S REPRESENTATIVE INFORMATION:

NAME: _____ SURNAME: _____ CONTACT TEL.: _____

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

IDENTITY NUMBER

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COUNTRY: _____

AND / OR PASSPORT NUMBER

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COUNTRY: _____

DATA TO BE CORRECTED:

TYPE OF DATA TO CORRECT ACCORDING TO THE BELOW CODIFICATION (1-5) (as in Note A)	DATA REFERENCE NUMBER	REASON FOR CORRECTION BASED ON THE BELOW CODIFICATION (1-6) (as in Note B)	DATA PROVIDER (Name of Institution or Registry)	ARE THERE ANY ATTACHEMENTS? (Tick if applicable)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Notes:

A. Type of Data to correct

1	2	3	4	5
Account	Legal Action / Court Decision	Connected Person	Central Information Registry (CIR)	Bankruptcy Registry

B. Reason for correction

1	2	3	4	5	6
Repayment	Exemption	Incorrect Connection	Incorrect Identification details	Reinstated by right	Other reason

I WISH TO RECEIVE THE WRITTEN RESPONSE OF ARTEMIS: 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 Legal Entity issued not more 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.*

**I confirm the accuracy of the above
LEGAL ENTITY'S REPRESENTATIVE**

DATE: _____

 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: 13.1 / 22.07.2019	Contact information Tel.: 22 454777 Fax.: 22 420135	Email: info@artemis.com.cy http://www.artemis.com.cy	 Ap. QS.1.10.019	 Ap. ISMS.16.003
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