



APPLICATION FOR SUBMITTING APPEAL REGARDING RESTRUCTURING /RESCHEDULING TO ALPHA BANK CYPRUS LTD

A. GENERAL INFORMATION

Customer Name / Company Name _____

ID Card No / Passport / Company
Registration No: _____

Mailing Address _____

Contact Telephone 1 _____

Contact Telephone 2 _____

Email Address _____

Branch/ Unit of Service: _____

B. DESCRIPTION OF APPEAL

C. ACCOUNT/ ACCOUNTS WHICH REFER TO APPEAL

Account Number 1 _____

Account Number 2 _____

Account Number 3 _____

Account Number 4 _____

Account Number 5 _____

Account Number 6 _____

Account Number 7 _____

Account Number 8 _____

D. SUPPORTING DOCUMENTS

E. CUSTOMERS NAME / SIGNATURE

Customers Signature: _____

Customer Name: _____

Date: _____

INTERNAL USE

Received By: _____

Signature: _____

Date Received _____