



**ALPHA BANK**

**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 \_\_\_\_\_