Application for Unblocking of the ING BusinessOnLine System User												
Client's Data:												
CLIENT NUMBER (filled in b	y the Bank)										
COMPANY									ı			
City/town				Postcode				Co	Country			
Address Street		Number				Apartment Number						
NIP no.			Phone no.									
Contact person												
Hereby, the Client requ	uests unb	locking access	to the I	NG Bus	siness(OnLine s	vstem	for the	User:			
, , , , , , , , , , , , , , , , , , , ,	NAME	J										
SUF	RNAME											
PES	EL NO.											
	number											
Address of d (replaces p correspondence add th	revious											
Please fill in the appro	E: User u	ses login and a	uthoriza	ation m	ethod	based or	n digita	l certifi	icate	e User:		
	Method of delivery of starting login and starting password (please choose only one option) Starting login and starting password delivered by courier ¹											
Address of delivery		y pacemena acm		, ccu								
(replaces previous correspondence address of the User)												
Starting login an Data entered belo							s					
MOBILE PHONE												
E – MAIL												
The following fields sho	ould be fill	ed in only if cert	tificate ho	older or	card re	ader has	been o	damage	d, spoile	ed or los	st	
		quipment selec	ted belo	W								
□ MICRO □ eTOKE		SOR CARD										
	EADER											
PCMCI	A READE	:R										
SECTION SMS: User u	ses login	and authorizat	ion meth	nod bas	sed on	login, pa	asswor	d and S	SMS co	des		
Method of delivery of	one-time	activation cod	e (please	e choos	e only	one optio	n)					
One-time activat	ion code	delivered by co	ourier ¹									
Address of delivery (replaces previous correspondence address of the User)												
One-time activation code delivered by e-mail ² Data entered below replaces previous e-mail address												
F _ MAII												



1) Starting package	e delivered by	courier is	valid for 30 da	vs from the date	of printing.

2) Starting package delivered electronically is valid for 5 days from the date of generation.

	tures of the persons duly authorised to tions of will on behalf of the Client	Signature of Bank employee					
Date		Date					
Filled in by the Bank							
Hereby I confirm t	DATE:						
Attorneys-in-fact	Rights Form:						

