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To FinecoBank S.p.A. CLIENT SERVICE support@finecobank.com FAX +44 (0)2070 657553

Subject: Request for Personal Account Credentials

> Personal information		
Name		
Surname		
User ID		
> Request		
I hereby request and fully authorize you to	o reset the following credentials re	elating to account number
Temporary Password	OR	Password
		PIN
(Select if you have never logged into the w	rebsite)	(Select if one of the above has been lost)
The new credentials should be sent to: My temporary address, previously com	amunicated to EinocoPank S n A	
The following address	iniunicated to Finecobank 3.p.A.	
Building name/number	Street name	
Dependent Locality	Town/city	
County	Postcode	Country
Please note that the above address is: My new permanent and temporary address.	droce	
		y communicated to you, has not changed)
—,p, (, p		,g,
For any information concerning this reque	est, please contact me at the follow	ving (required):
Mobile:		
Email address:		
I ask you to simultaneously update my co	ntact details *	
rask you to simultaneously apoute my co	ridet details.	
* Should these contact details not be regin	stered. I will receive an email and a	text containing verification codes to certify my new contacts.
	,	

∑ Customer's signature

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Place and date