

DEBIT/CREDIT/PREPAID CARD REPLACEMENT REQUEST FORM

Date:

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Branch: _____

Type of Card (Please Tick): ☐ Debit ☐ Gold ☐ Classic ☐ Platinum ☐ Prepaid

Cardholder's Name: _____

Account Number: _____

Please replace the above Card for the following reason:

(Tick as appropriate)

☐ Lost ☐ Stolen ☐ Card Captured at ATM ☐ Early Renewal ☐ Damaged ☐ Other (Specify) _____

Kindly debit me with the applicable card replacement charges and send the replaced card to _____ branch once ready.

Cardholder's signature

FOR BANK USE ONLY:**Branch:**

Customer signature verified:

Checked by:

Name: _____

Signature: _____

Date: _____

Verified by:

Name: _____

Signature: _____

Date: _____

Card Centre:

Replacement fee charged by:

Name: _____

Signature: _____

Date: _____

Verified by:

Name: _____

Signature: _____

Date: _____