

CARD DATA AMENDMENT REQUISITION FORM

(PLEASE FILL IN BLOCK CAPITALS)

Title: Rev. Mr. Mrs. Miss Dr. Other Please specify: _____

Name on Card

Mothers Maiden Name

Card Number

NIC/Passport

Online Banking User Name

Phone Banking User Name

Linking Accounts

Please **ADD** the following

Primary Account

Secondary Savings account

Secondary Savings account (2)

Secondary Current account

Secondary Current account (2)

Please **REMOVE** the following

Account (1)

Account (2)

Signature _____ Date _____

For Branch Use Only

Request received on _____ Time: _____

CID Operating Instructions: Sole Either to operate

Signature Verified by _____ Initial _____

Customer Data verified by _____ Initial _____

For CPU Use Only

Online Banking Iflex Phone Banking

Data Input by _____ Signature _____ Date

Approved by _____ Signature _____ Date

For Card Use Only

Prepaid Debit Card

Data Input by _____ Signature _____ Date

Approved by _____ Signature _____ Date