



## CARD AMENDMENT FORM

### PERSONAL DETAILS

Name of Customer				PHOTO
Main Account No.		Date		
Customer Tel No.				
Name of Company				
Card No. (First and last four digits only)		Expiry dates		
Credit Card Account No.		Cards returned to Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	

With reference to the above mentioned Card/s, I/We will be grateful if you could consider the following request/s and I/We authorise you to debit my/our Account with the relative fees:

### PIN Request

I/We cannot recall the PIN associated with my/our Card/s, please re-issue the PIN code/s at your earliest convenience

### Stop Payment

Please place a stop payment against my/our Card/s

Reason:  Damaged  Lost  Compromised/Fraud  Stolen  Account closure

### Change Of Account

For all transactions effected through the use of my/our Visa Debit Card, please debit the following Account/s:

Current Account

### Change Of Name *Please change the name to appear on the Card/s as follows:*

Former

New

### Cancellation of Credit/ Debit/ Prepaid Card Account

Please cancel my/our Credit/Debit/prepaid card account/s Reason:  Closure of my Account with I&M Bank

Unsatisfied with the Bank's service  Not agreeable to pay annual fee  Not using the Card/s

Damaged  Compromised/fraud  Loss or theft of Card  Other

Please issue a new Card/new Cards to replace

### Credit Card Repayment *Please effect the repayment of any balance due on the credit account as follows:*

Payment amount  Full amount  20% minimum mandatory Payment date  30<sup>th</sup> of each month

### Limit Amendment (Debit, Prepaid, Credit)

Please amend transaction daily limit  ATM  POS  E-commerce

Amount from: up to

*\*The Limit amendment is on a Permanent basis*

### Card Replacement *Please initiate the appropriate action accordingly.*

New Card  Lost Card  Expired Card

Name

Signature

Mobile

### BANK USE ONLY

Remarks

Processed by

Date and  
Signature

Approved by