

NEW ATM CARD REQUEST FORM

BRANCH

ACCOUNT NO.

ADDRESS

TEL.NO DATE

Dear Sir /Madam:

DECLARATION

I understand that I will be responsible for any cash withdrawn or transferred jointly and severally by use of the card.

Use of the card will be evidence of receipt and acceptance of these rules.

I warrant that the information above is true and correct.

I have read, understood and agreed to be bound by the rules governing the use of the Bank Visa Card and subsequent amendments from time to time as may be issued by the bank.

Yours faithfully,

SIGNATURE

N.B: If you don't collect your Visa Card after 90days your Visa Card will be destroyed.