

CARD LIMIT CHANGE FORM

INDIVIDUAL CUSTOMER Card Limit Change Exemption Type of Product Branch Customer Name Customer Account: Customer PAN: Indemnity in Place? Yes No ResidentialAddress Customer Mailing Address Telephone_____ Date of Request _____ Type of Change: Increase Decrease Exempt ____Limit Change To_____ Current Limit Period of Exemption _____ Exemption from _____ Reason for Change (this must be very clear and in line with local regulations) Customer Signature CSO/Commercial Officer Signature CustomerSignatureVerification____ For Bank use Only: Approvals Operation Officer/Manager_____ Date _____Date____ Branch Manager_____





