Card Cancellation/Replacement Application

Fill in BLOCK letters and check $\ensuremath{\overline{\square}}$ where appropriate



| Date | | | |
|--|-----------------------|---------------------|---------------------------------------|
| The Manager, | | | |
| Branch, | | | |
| Kenya. | | | |
| CUSTOMER REFERENCE | | | |
| Customer account number | 0 9 | - | |
| Account title | | | |
| Type of card UISA Classic Debit Card | ☐ VISA Platinum D | ebit Card | |
| Cardholder type | ☐ Supplementary Ca | ardholder | |
| Card number (last 8 digits) | | | |
| Name of cardholder | | | |
| I hereby request you to kindly cancel my HBZ confollowing reasons: Lost card Captured No service Lost PIN Other reason(s) | ard, details of which | are specified above | e, and issue a new card due to the |
| I hereby agree to abide by all the Terms and Conditi the physical HBZ card, details of which are specified Yours faithfully. | | of my HBZ card. I a | lso undertake to destroy or surrender |
| Authorized Signatory 1 Authorized Signatory 2 | Authorized Sig | inatory 3 | FOR OFFICE USE Signature |
| Name Name Date | Name Date | | Verified by |

NOTE:

month

year

⁻ In the case of multiple signatories, authorized signatories must sign as per the account mandate
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.