Habib Bank AG Zurich

Card cancellation/replacement

Fill in BLOCK *letters and check* ☑ *where appropriate*

Date ____ ____ ____
day *month* *year*

The Manager,

_____ Branch,
United Arab Emirates.

CUSTOMER REFERENCE

Customer account number 0 2 -
22 digits

Account title _____

Type of card:

Visa Credit Card	: ☐ Infinite	☐ Platinum	☐ Classic	
Visa Debit Card	: ☐ Business Signature	☐ Business Platinum	☐ Platinum	☐ Classic
MasterCard Credit Card	: ☐ Gold (☐ AED | ☐ USD)	☐ Silver (☐ AED | ☐ USD)		

Cardholder type ☐ Primary Cardholder ☐ Supplementary Cardholder

Card number *(last 8 digits)* | | | | | | | | |

Name of cardholder _____

Dear Sir/Madam,

I/We hereby request you to kindly cancel my/our HBZ card, details of which are specified above, due to the following reasons and issue a new card:

☐ Lost card
☐ Captured
☐ No service
☐ Lost PIN
☐ Other reason(s) _____

_____

I/We understand and agree that by applying for the card replacement, for security reasons, I/we have been enrolled to the HBZgsm service and will receive SMS alerts for transactions conducted via this card on my/our mobile number specified below:

Mobile number + | | | | | | | | | | | | | *(to receive card related OTP & SMS alerts)*
country code / area code

DELIVERY ADDRESS FOR CARD *(in case of card replacement)*

Number ____ Area/Location _____ Street _____
apartment / house

P.O. Box/Postal/Zip code ____ City/Province _____ Country _____

Mobile number + | | | | | | | | | | | | | |
country code / area code

I/We hereby agree to abide by all the Terms and Conditions related to the use of my/our HBZ card. I/We also undertake to destroy or surrender the physical HBZ card, details of which are specified above.

Yours faithfully.

_____
cardholder's signature

Cardholder's name _____

FOR OFFICE USE

SV

signature

Verified by _____

NOTE: 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.