KWFT
BANKING ON WOMEN

CARD ORDER/REPLACEMENT FORM

To The Manager [Branch]: _____ Date: _____

Card Holder's Name: _____

Account Number: _____ Card No.: _____

Kindly issue me with a new ATM card due to the following reasons:

☐ NewAccount ☐ Lost/Stolen ☐ Faulty ☐ Captured ☐ Invalid PIN ☐ Incorrect Name

☐ Other [Specify] _____

If Lost or Stolen:

Date Stolen: _____ Time: _____ Where: _____

How [e.g. car jacking]: _____ Was it together with PIN? ☐ Yes ☐ No

Date last used: _____ Where: _____ Amount: _____

Where Applicable: I confirm that I have ☐ Destroyed the previous card. ☐ Surrendered the previous card.

PERSONAL DETAILS

Name to be printed on the Card [In BLOCK LETTERS] - Please include spaces.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Postal Address: _____ Postal Code: _____ City/Town: _____

Telephone No. Office: _____ Fax: _____ Office Emai Addressl: _____

Signature: _____

FOR BANK USE ONLY

	VERIFIED BY	AUTHORISED BY	CANCELLED BY	REPLACED BY
Name:				
Signature:				
Date:				