



Habib Bank AG Zurich

Card cancellation/replacement

Fill in BLOCK letters and check where appropriate

Date
day month year

The Manager,

_____ Branch,
Kenya

CUSTOMER REFERENCE

Customer account number 09 - - - -
20 digits

Account title _____

Type of card VISA Classic Debit Card VISA Platinum Debit Card

Cardholder type Primary Cardholder Supplementary Cardholder

Card number (last 8 digits)

Name of cardholder _____

Dear Sir/Madam,

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

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

I hereby agree to abide by all the Terms and Conditions related to the use of my HBZ card. I 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 _____