



Habib Bank AG Zurich

HBZ Visa Debit Card – Card & PIN Management

Fill in BLOCK letters and check where appropriate

1. I would like to:

Card Type **Personal** **Business**

Reset My PIN

Fill in sections 2, 3 and 6 only

Replace my Card

Fill in sections 2, 4 and 6 only

Modify/activate my Card limits

Fill in sections 2, 5 and 6 only

2. Customer details

Card Name

As it appears on the card

Account Number

Card Number

Last seven digits only

3. I would like to reset my PIN because

I have exceeded my allowed number of PIN attempts I have forgotten my PIN I have lost/not received my PIN notification letter

4. Replacement of card

My existing card has been

Damaged

Lost/Captured

Stolen

Note: Before we can consider your request for a replacement card, you must contact our Card Services Helpline on 0800 6 444 429 so that your card can be blocked from further use. If your request for a replacement card is accepted then we will cancel your existing card and replace it with a new card and PIN.

5. Card limits modification/activation

I would like you to

Activate online transactions

De-Activate online transactions

Activate international transaction for the below mentioned country (ies) (note: international transaction is active by default for Canada, Switzerland, United Arab Emirates, Pakistan, Hong Kong, South Africa and Kenya)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

<input type="checkbox"/> Daily cash withdrawal limit to	GBP
<input type="checkbox"/> Daily in-store purchase limit to	GBP
<input type="checkbox"/> Daily Internet/Online purchase limit to	GBP
<input type="checkbox"/> Daily phone purchase limit to	GBP
<input type="checkbox"/> Daily international cash withdrawal limit to	GBP
<input type="checkbox"/> Daily international in store purchase limit to	GBP

6. Declaration and signature

I confirm that the above information is correct and that I have not omitted any material information. I agree that: (i) you may request any further information from me and/or any other third party as you may deem necessary; (ii) my request(s) above may be declined by you; and (iii) my card (existing or replacement - as applicable) is subject to and shall be used in accordance with the Debit Card Terms and Conditions.

		Date	D	D	M	M	2	0	Y	Y

Authorised Signatory

Authorised Signatory

Bank internal use only (SV)

Verified by

Date

D	D	M	M	2	0	Y	Y
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Signature