



MASTERCARD PLATINUM DEBIT CARD APPLICATION FORM

Account Details

Domiciliary Account Number: (\$)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

First Name: _____ **Middle Name (Optional)** _____

Surname: _____ **GSM Number:** _____

e-Mail Address: _____

Residential Address _____

Card is requested from Branch: _____

Card is to be received in Branch: _____

Which Channel(s) do you want to use your Card?

Kindly tick as appropriate:

All **ATM** **POS** **WEB (Internet)**

I hereby agree to the terms and conditions herein stated. I shall keep my card in safe custody and under my control. I undertake never to reveal my Personal Identification Number (PIN) to any third party. The Bank shall not be liable for any loss or damage I may suffer as a result of my failure to protect my Card or PIN.

Customer's Signature & Date