



## DEBIT CARD REQUEST FORM

Name: _____		ID / Passport No. : _____	
Existing Debit Card No. : _____			
<b>PART A: CARD REPLACEMENT</b>			
<b>Replace Card due to:</b> Note: US\$6 Debit Card Issuing Fee is applicable.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Damaged / Faulty</div> <div style="width: 50%;"><input type="checkbox"/> Change of name embossed on the Card (Max 19 characters) :  <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 2px;"></div> </div> <div style="width: 50%;"><input type="checkbox"/> Lost (Call report lost @ 023 885500 immediately)</div> <div style="width: 50%;"><input type="checkbox"/> Captured in ATM (do not remember PIN)</div> </div> <p style="font-size: 0.8em; margin-top: 5px;">Card with different number will be issued.</p>		
<b>PART B: DEBIT CARD UPDATES</b>			
<input type="checkbox"/> <b>Daily ATM Cash Withdrawal Limit</b>		<input type="checkbox"/> US\$800 <input type="checkbox"/> US\$2000 <input type="checkbox"/> US\$5,000 <input type="checkbox"/> US\$10,000	
<b>Change my Debit Card Limit:</b> <input type="checkbox"/> Temporary from ____/____/____ (dd/mm/yy) to ____/____/____ (dd/mm/yy) <input type="checkbox"/> US\$0 <input type="checkbox"/> US\$1000 <input type="checkbox"/> US\$3,500 <input type="checkbox"/> US\$50,000			
<b>PART C: DEBIT CARD TERMINATION</b>			
<input type="checkbox"/> <b>Terminate Card. Do not replace Card.</b> <small>(Card will be immediate terminated upon receipt of this form. CUBC rebates, if applicable, will be forfeited upon termination of the card and return to bank the card cut in half.)</small>			
<input type="checkbox"/> <b>Other:</b> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			
<b>PART D: DECLARATION (Important: Please read before signing)</b>			
<ol style="list-style-type: none"> <li>1. I agree that the primary account(s) as stated in Part B will be linked to my Debit Card account respectively as specified by me.</li> <li>2. I agree that the secondary account(s) as stated in Part B are in order priority.</li> <li>3. I agree that if my primary account is terminated for whatever reason, Cathay United Bank (Cambodia) PLC. is entitled to link the secondary account as stated herein as the primary account for Debit Card, subject to CUBC's approval.</li> <li>4. I confirm that the information given in this application is complete, true and accurate. If any of the information given herein changes or become inaccurate in any way, I shall immediately inform CUBC of such change or inaccuracy.</li> <li>5. I acknowledge that CUBC has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.</li> <li>6. I understand and acknowledge that this application will be processed within 5 working days upon CUBC's receipt of the complete form</li> <li>7. I further confirm that I have read and understood and hereby agree to be bound by CUBC Visa Debit Smart Card Cardmember Agreement. I have obtained a hard copy from CUBC branch and website.            I hereby consent to the collection, use, disclosure and processing of my personal data in accordance with the terms &amp; conditions governing the products and/or services applied for herein and CUBC Visa Debit Smart Card Cardmember Agreement, as may be amended by the Bank from time to time.</li> <li>8. I am aware of Cambodia's firm stance against illegal and illicit activities. I confirm that my application for this facility/product is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities.            For full details, please refer to the CUBC Visa Debit Smart Card Cardmember.</li> </ol>			
<b>Customer's Use Only</b>		<b>For CUBC Bank's Use Only</b>	
Signature of Cardholder	<b>Action by Branch</b>		<b>Action by Cards Department</b>
	Attended by CRO :  (Name, Signature, Date)	Authorised by SV :  (Name, Signature, Date)	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected  Authorised by:  Keyed in by: Report Checked by:
	Date: ____ / ____ / ____    ____ / ____ / ____		