

DEBIT CARD REQUEST FORM															
Name: ID / Passport No. :															
Existing Debit Card No. :															
PART A: CARD REPLACEMENT															
☐ Damanged / Faulty															
Change of name embossed on the Card (Max 19 characters):  Replace Card due to:															
Note: US\$12 Debit Card	Lost (Call report lost @ 023 885500 immediately)														
replacement Fee is applicable.	☐ Non-receipt	0111031	_ 0 <b>_</b> 5 00	,5500 III	mica	iaccij	, ,								
	Captured in A	TM (do	not rem	amhar D	INI										
	Card with different				1111)										
			DEBIT (		IDDV	TEC									
Doily ATM Cook Wi					_		_	Tucc	٠٠ ٥٥٥		_	1110010	000		
Daily ATM Cash Withdrawal Limit US\$800 US\$2000 US\$5,000 US\$10,000															
Change my Debit Card Limit:	, , , , , , ,	١.	,	,	, , , ,	,									
☐ Temporary from/ (dd/mm/yy) to/ (dd/mm/yy) ☐ US\$0 ☐ US\$1000 ☐ US\$3,500 ☐ US\$50,000															
US\$0 US\$1000	US\$3,500		50,000		T			_	1	1	1	П 1	_	т т	
Change the prime account no.														-	
Personal account Pe	ersonal joint a/c (either	one to si	gn)												
*Primary account is used for point-O	1		nt transa	ctions wi	thout (	accou	ınt sele	ction.							
		☐ I wish to designate													
Secondary Account linked to my		other secondary account(s):													
Debit Card:	I wish to delete the														
following secondary account(s): 2)  PART C: DEBIT CARD TERMINATION															
		C: DE	SII CAF	KD IEK	IVIIIV	ΑΠ	UN								
Terminate Card. Do no	•	LIDC vobate	as if annlis	مالانيين ملماء	a farfa	itad		nination.	of the o	- rd					
(Card will be immidiate terminated u and return to bank the card cut in ha		OBC TEDAL	еѕ, п аррпс	abie, wiii b	e iorie	itea u	pon terr	mination	or the C	aru					
Other:	,														
PA	RT D: DECLARAT	TON (I	mporta	nt: Ple	ease	rea	d bef	ore si	gning	g)					
I agree that the primary account	t(s) as stated in Part B v	vill be linl	ked to my	Debit Ca	rd acc	ount	respec	tively as	specif	ied b	y me.				
2. I agree that the secondary accord			-												
I agree that if my primary account as st  link the secondary account as st										entit	led to	1			
link the secondary account as stated herein as the primary account for Debit Card, subject to CUBC's approval.  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.															
5. I acknowledge that CUBC has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.															
6. I understand and acknowledge that this application will be processed within 5 working days upon CUBC's receipt of the complete															
form. 7. I further confirm that I have rea					•	•		ank (Car	nbodia	ı) Vis	a Deb	it			
Smart Card Cardmember Agree		•	· =					and the			dree				
I hereby consent to the collection governing the products and/or s															
Agreement, as may be amended			-		(		,								
8. I am aware of Cambodia's firm s									facilit	y/pro	duct	is			
not for illegitimate purposes and For full details, please refer to the				-			_								
·	le Catriay Officed Barik	(Callibut	iia) visa D												
Customer's Use Only	For CUBC Bank's Use Only  Action by Branch Action by Cards & eBanking														
	Attended by CRO:	ACCION D	Authorise	:		□ R	Rejecte		БуС	alus	Approv				
	(Name, Signature, D	ate)		ignature		١		rised by							
	- Name, Signature, D	uic)	(I vaille, 3	ъпасите	, Date	,		•	•						
Signature of Cardholder							Keyed	in by:							
							Repor	t Check	ed by:						
D			0.0	1 5 4 5 4	1.000		I								