



ACCOUNT LINKAGE FORM

TO: THE MANAGER, CARD CENTRE

FROM: BRANCH ASS. MANAGER

BRANCH: _____

DATE: _____

RE: ACCOUNT LINKAGE.

Below is an account amendment from our branch for your action. Kindly acknowledge receipt of the same by signing and stamping on the duplicate copy and return it to us immediately.

Account Holder's Name:.....

ID/Passport No:

Account Number:.....

Card Number:

Contact Details:.....

AMMENDMENT	
EXISTING ACCOUNT NUMBER	
ACCOUNT TO BE LINKED	1.
	2.
	3.
	4.

Customers Official Signature:

OFFICIAL USE ONLY: BRANCH

ABC CHECKLIST

1. ORIGINAL ATM/ID CARD SEEN AND A COPY ATTACHED

2. AMMENDMENT FORM DULY SIGNED

Name:..... Signature:.....

Prepared by:..... Authorized by (Ass. Manager): Branch Stamp

CARD CENTRE

Received and Prepared by:.....

Authorized by:

Signature:

.....