



**DAILY CARD LIMIT AMENDMENT FORM**

TO THE MANAGER \_\_\_\_\_ Branch

FULL NAME (S) \_\_\_\_\_

**CARD NUMBER**

First 4 Digits										Last 4 Digits				
				x	x	x	x	x	x	x				

**ACCOUNT NUMBER**

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**ID/PASSPORT NUMBER**

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**TELEPHONE NUMBER**

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POSTAL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Type of Transaction	Current Limit in KES.	New Requested Limit in KES .	Is amendment Permanent (if permanent, indicate YES).	Is amendment Temporary (if Temporary, indicate Date from: ---To: ---).	Number of transactions required in day.
DAILY ATM WITHDRAWAL					
INTERNET/ONLINE PURCHASE					
RETAIL PURCHASE					

Customers Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Prepared by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized/Declined by (Manager) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Branch Stamp \_\_\_\_\_