



ADJUSTMENT OF DEBIT CARD LIMIT

BRANCH: DATE:

Account name:

Account number:

ID /Passport no:Current phone contact:.....

Card Number:

5	1	7	5	0	0														
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I hereby request that my Debit Card limit be adjusted to:

ATM Limit: POS Limit: Duration:

Reason for adjustment:.....

I/We..... irrevocably authorize the Bank to comply with my/our request herein and in consideration of the Bank’s compliance, I/We agree to indemnify and keep indemnified the Bank against all and any harm, actions, proceedings claims and demands, costs, damages and expenses which may be brought, levied or made against the Bank in connection to the request herein, authorize the Bank to make payment and comply with demands arising therefrom without any reference to or further authority from me/us and undertake to pay and/or reimburse the Bank an amount equal to any existing or future direct costs, liabilities, losses, damages, claims, proceedings or reasonable legal costs and judgements which the Bank incurs or suffers in respect of and pursuant to its compliance with my/our request herein.

Name: Signature:

Bank Official Use Only	
Customer Service Advisor:	Signature:
Date Account Opened:	
Approved by:	
Service Quality Manager:	Date & Stamp:
Head Of Operations: (For accounts below 6 months old):	Date & Stamp: