



Bank of The Bahamas

L I M I T E D

CARDHOLDER REQUEST FORM

Select and complete all change requests that apply.

CUSTOMER NAME ON CARD (First, Middle, Last):		
CUSTOMER CIF#	NATIONAL INSURANCE NO.:	REQUESTED BRANCH FOR PICK UP:
TYPE OF IDENTIFICATION:	IDENTIFICATION NO.	IDENTIFICATION EXPIRY DATE:
HOME NUMBER:	CELL PHONE:	WORK PHONE:
EMAIL ADDRESS:		

TRANSACTION REQUESTS

<input type="checkbox"/> TRANSFER- CARD TO CARD		
TRANSFER AMOUNT: \$	CARD NUMBER	

<input type="checkbox"/> CASH ADVANCE		
ADVANCE TYPE	<input type="checkbox"/> Cash	<input type="checkbox"/> Manager's Cheque
	<input type="checkbox"/> Cash Advance to Account	
ADVANCE AMOUNT: \$		

CUSTOMER MAINTENANCE

<input type="checkbox"/> REPLACE CARD	REASON:	<input type="checkbox"/> Expired	<input type="checkbox"/> Fraud	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Damaged	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> CANCEL CARD

<input type="checkbox"/> CHANGE ADDRESS (Indicate which address is being changed)	<input type="checkbox"/> PRIMARY ADDRESS	<input type="checkbox"/> SECONDARY ADDRESS
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<input type="checkbox"/> REQUEST PIN

<input type="checkbox"/> CHANGE HOME BRANCH	NEW BRANCH NAME:
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<input type="checkbox"/> UPDATE CUSTOMER INFORMATION
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NEW NAME:	PRIMARY CARDHOLDER CIF#
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CUSTOMER INFORMATION AUTHORIZATION

SIGNATURE:	DATE:
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ALL REQUESTS MUST BE ACCOMPANIED BY KYC DOCUMENTATION & CUSTOMER CONTROL LOG

FOR OFFICIAL BANK USE ONLY

BRANCH USE ONLY

PREPARED BY:

Name:	Signature	Date:
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AUTHORIZED BY:

Name:	Signature	Date:
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CARD CENTRE USE ONLY

AUTHORIZED BY:

Name:	Signature:	Date:
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PROCESSED BY:

Name:	Signature:	Date:
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VERIFIED BY:

Name:	Signature:	Date:
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COMMENTS:	CARD CENTRE STAMP
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