

**LINK ACCOUNT FORM OF CZB DEBIT CARD**

**CUSTOMER INFORMATION:**

Customer Name	:																		
Card Number	:									X	X	X	X	X	X				
Existing Account Class	:																		
A/C Number	:																		
Branch Name	:																		
Date of Birth	:																		
Contact Number	:	+	8	8	0														

**OTHER ACCOUNTS TO BE LINKED WITH ATM/DEBIT CARD [SB, CD]**

Account Class	SB	CD																	
Account Class	SB	CD																	

**DECLARATION**

I/we declare that the above information is true and agree to abide by the terms and conditions of Debit Card Policy of Citizens Bank PLC. I/we also confirm that I/we are interested to avail the linked account facility.

**Note:**

1. Maximum two (2) additional accounts of the same beneficiary including the existing one can be linked
2. The account class need to be same for link account. i.e. SB/CD

\_\_\_\_\_  
Signature of the Applicant with date

\_\_\_\_\_  
Signature Verified by Branch with date & seal

**FOR CARD DIVISION USE ONLY**

<b>CMS Client ID:</b>														
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<b>CMS Execution By</b>
Signature & Date

<b>Approved by</b>
Signature & Date