



CITIZENS BANK CARD CUSTOMER SERVICE FORM

Credit Card Debit Card Prepaid Card Card

Cardholder's Name :

Card No. :

Mobile No. : + 8 8 0

Please update the following changes in my card account:

• Change of Signature :

OLD SIGNATURE	NEW SIGNATURE

• Changing My Address: Home Office

Old Address:
Company/ House Name: Designation:
Address:.....
.....
T&T no: Home: Office:

New Address:
Company/ House Name: Designation:
Address:.....
.....
T&T no: Home: Office:

I am requesting for the followings:

- Active my CZB card :
- Re-issue / Replace card : Expired card Wrong Embossing Name Damaged Card
 Lost card Others (Specify).....
- Cancel/Close my CZB card : Not much use Dissatisfy with the limit Dissatisfy with fees & charges
 Dissatisfy with service Any other reason (specify).....
- Issue a new PIN : Lost PIN Forgotten PIN

I am requesting for the followings:

- Add of AutoPay Instruction (Please insert your CZB A/C #) Local International
Account number Branch.....
 Minimum Amount Due Total Outstanding Balance
- Enhance my card limit: Present limit: Expected Limit.....
- Limit Conversion: BDT to USD: USD to BDT:
- Removal of Lien:
- Advance Renewal:
- Card Statement Mode: Post E-mail:.....@.....
- SMS Alert: Enrollment/De- Enrollment: Mobile no: + 8 8 0
- New Card Cheque Book:
- Others:.....

By signing, I agree to the relevant terms & conditions of the item mentioned above.
Thanking you

Signature of Cardholder

Date:

Enclosed: NID Copy Passport Copy Salary Certificate / Trade License Bank Statement for months Others.....

FOR BANK USE ONLY:

All Cards are enclosed and cut into two: Yes No All Un-used Cheque leaves are enclosed and cut into two: Yes No
 Request Processed by: Date: Request Authorized by: Date: