



DEBIT/CREDIT CARD SERVICE REQUEST FORM

Date

Branch

Customer Name

Account No.

Card Type Credit Card Debit Card

Card Number

I the undersigned, hereby request United Arab Bank for the following service(s) marked (X) and authorise to debit my account with applicable charges.

| Debit Card | Credit Card |
|--|---|
| <ul style="list-style-type: none"> Replace the card Issue new PIN Block the card Cancel the debit card Change cash withdrawal limit from AED..... to AED..... Change cash withdrawal limit cycle/period from existing to: Daily/Weekly/Monthly | <ul style="list-style-type: none"> Replace the card Issue new PIN Block the card Change payment % from..... to..... Change card limit from AED..... to AED..... (Permanent/Temporary up to.....) Early renewal Make additional payment: Additional amount to be paid: AED..... |
| <ul style="list-style-type: none"> Change in address and telephone numbers: — New address: P.O. Box..... Company/Department..... Emirate..... — Telephones: Office..... Residence..... Mobile..... | |

Other:
.....
.....

Reason(s) for the above requested service(s)
.....
.....

Customer Name & Signature

For Bank Use Only

(In the case of Limit enhancement, if outside Branch discretion, respective form for HO approval to be submitted)

| Approval | For HO use only |
|--------------------|--|
| Branch Manager/SSM | Request Processed |
| | Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| | Name & Signature..... |

This request to be forwarded to 05 OPS-ORG-CARD Head Office for processing under the existing procedure.