

## A. GENERAL INFORMATION

Account Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)  
 Account Number: \_\_\_\_\_ Card Number: \_\_\_\_\_

## B. TYPE OF REQUEST

1. NEW CARD APPLICATION (Encode the type of card to be availed) Type of Card: \_\_\_\_\_

2. CARD REPLACEMENT (Check the box of the reason for replacement) ☐ Lost ☐ Stolen ☐ Damaged ☐ Others (Specify): \_\_\_\_\_

New Embossed Name (optional): \_\_\_\_\_

### FOR LOST/STOLEN CARDS ONLY

This will serve as the Cardholder's written report of such loss to the bank.

I hereby attest that the foregoing information are true and correct based on my personal knowledge and that the ID's I have presented are all authentic. I agree to hold Cebuana Lhuillier Rural Bank (CLB) free and harmless from any liability arising from the loss of my Card including, but not limited to, those pertaining to transactions made through the said Card prior to my reporting of the same to CLB as lost or stolen and the consequent issuance of a Replacement Card.



Depositor's / Cardholder's Signature over Printed Name



3. PIN RESET (Check the box of the reason for reset): ☐ Deleted PIN ☐ Forgot PIN ☐ No PIN Received ☐ Invalid PIN ☐ Others (Specify): \_\_\_\_\_

4. BANK FORMS (Check the box(es) of the form(s) to be requested)

☐ Printed Statement of Account (Specify Delivery Address) ☐ Bank of Certification (Specify Addressee, Purpose and Delivery Address)

Addressee: \_\_\_\_\_ Purpose: \_\_\_\_\_

Deliver Address (Present or Permanent Address Only): \_\_\_\_\_

5. ACCOUNT MAINTENANCE (Check the box of information to be updated – if 2 or more, accomplish the CIS (Customer Information Sheet))

☐ Mobile Number ☐ Present Address ☐ Permanent Address ☐ Email Address ☐ Others (Specify): \_\_\_\_\_

Old Information: \_\_\_\_\_

New Information: \_\_\_\_\_

6. OTHER REQUEST (Specify): **Account Closure :**

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## C. PAYMENT DETAILS

Mode of Payment: ☐ Cash (Only for New Card and Card Replacement Requests) ☐ Debit from Account (Only for Bank Forms Request)

### DEPOSITOR'S SIGNATURE

By signing this form, I assume full responsibility for the correctness, genuineness and validity of all information indicated herein. I also authorize the bank to debit my account for the payment of fees/charges related to my above request. I also acknowledge hereby that I specifically requested the bank to facilitate the specific instruction I checked above. I further undertake to indemnify Cebuana Lhuillier Rural Bank (CLB), should any claim, of whatsoever nature, arise against CLB or results in damage to CLB as a result of, or in connection with the above request.



Depositor's / Cardholder's Signature over Printed Name



Parent's / Guardian's Signature over Printed Name



### ACKNOWLEDGEMENT (To be signed upon receipt of the Debit Card)

I hereby acknowledge having received the debit card on the date indicated herein. I hereby certify that I have read and agreed to be bound by the Terms and Conditions provided governing the issuance and use of Debit cards.



Depositor's / Cardholder's Signature over Printed Name



### CARDHOLDER DISPUTE / COMPLAINT DETAILS

Transaction Date (MM/DD/YY)	Branch Name, Location and Channel (as it appears in the statement)	Transaction Amount	Transaction Reference Number
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Check the box of the reason for dispute / complaint

☐ Duplicate Charging – charged more than once for a transaction I made

☐ Unauthorized Transaction – transaction was neither authorized nor made by me

☐ Incorrect Amount – different amount debited / credited to my account

☐ ATM / POS Withdrawal

☐ Others (Please provide detailed explanation and enclose necessary document to support the dispute – if applicable): \_\_\_\_\_

### BRANCH/CASH AGENT/PARTNER OUTLET USE ONLY

The signature below signifies that I conducted face-to-face and KYC process. I also witnessed the client signing this document and I have seen the original ID presented by the client. I have also confirmed with the client the accuracy of information provided in this form.

Branch Code and Name	Branch Personnel Name	Signature	Date Received (MM/DD/YY)
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