Credit Card Replacement Request/Form B

Standard Chartered

From

Name: _____

Address: _____

_____

Tel: _____

Mobile: _____

Dear Sir/Madam:

Re: Cardholder's Name: _____

Credit Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: _____

Please replace the above Credit Card issued to me earlier, which I have cut into two and returning herewith for the following reason:

☐ Card damaged/broken (please specify how) _____

☐ Magnetic strip faulty (POS/ATM unable to readthe Card) _____

☐ Wrong embossing name/photo/signature on Card (please insert the corredt name) _____

☐ PIN forgotten

☐ Any other reason _____

☐ I enclose all Cards cut into two ☐ Yes ☐ No

☐ **SMS Banking*** ***(This is a mandatory requirement)***: SMS Banking PIN ☐☐☐☐ (Please provide 4-digit PIN to avail SMS Banking.)

☐ **e-Statements**: E-mail Address (for e-Statements, you can give uptothree e-mail address):

1. _____
2. _____
3. _____

Thank you.
Sincerely,

_____

Cardholder's Signature Date D D M M Y Y

For Bank Use Only

Input by : _____ Date : _____

Verified by : _____ Date : _____

*Condition apply.