

LIMIT DECREASE REQUEST FORM



Date: 19-Aug-09

Cardholder Name _____

Visa Card Number _____

Master Card Number _____

Master/FL Card Number _____

Master Platinum Card # _____

Contact Number _____

Card Type: _____

Main

Suppl.

SAVINGS

Dear Sir / Madam,

Please arrange to decrease the limit of the said card/s as follows :

Limit Increase Request	VISA CARD	MASTER CARD	MASTER FL CARD
Old Limit	_____	_____	_____
New Limit	_____	_____	_____
Combined limit	_____		

Customer (s) Signature (s) _____

For Bank Use Only

Credit Dep. Part or Staff

Permanent Limit Decrease

Temporary Limit Decrease

Valid Until _____ (For Temporary Limit Increase)

Sender's Name _____

Sender Signature _____