

NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places.

* Indicates mandatory field

Date* Branch*

D D M M Y Y Y Y Code Name

Account and Card Details

Account Name *

Account Number *

Debit Card Number Last 4-digits only Card Type BBA - Blue Card

Accountholder Details

Full Name *

Emirates ID Number * Expiry Date *

D D M M Y Y Y Y

Mother's Name *

Father's Name *

Mobile Number * Phone Number

Home Country *

Monthly Salary * Date of Birth *

D D M M Y Y Y Y

Request Details

Request Instructions * Please provide a new Debit Card and a new PIN Code for the above mentioned Account Number
 Please provide a new PIN Code for the above mentioned Card Number
 Please activate the above mentioned Card Number
 Please deactivate the above mentioned Card Number
 Please cancel the above mentioned Card Number

Reason of request * Debit Card is lost Debit Card is damaged Debit Card is captured
 PIN Code is forgotten Debit Card is no longer required Other (please specify below)

Please deduct fee and charges (if any) from the above mentioned account

Declaration

I/We hereby request HBL to process the above mentioned request as per the request details. I/We, the undersigned, hereby declare to have read and unconditionally agree to HBL's Terms and Conditions.

Accountholder's Signature

For Bank Use only

Signature verified (if signature is available) Emirates ID original seen, ID copy & Signature Specimen attached (if signature is not available)

Received by / Signature Verified by

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature updated Accountholder's information given above is updated

Processed by

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervised by

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>