CONFIDENTIAL



CARD SERVICES REQUISITION FORM		
		Date
Account Type: Savi	ings Current	Branch
REQUEST TYPE (tick as appropriate) Verve Only		
New Card Blo	ock Card Card Linking Limit Increase	Block & Replace Lost Card
Damaged Expired Change of Name Others		
Account Name:		
Account No:		
BVN:		
Mobile No:		
Signature:		
Other Details		
FOR OFFICCIAL USE		
Account Verified ? Copy of ID Card Collected ?		
Customer ID	Date of Issuance	
Initiator		
Signature	Date	
Authorizer		
Signature	Date	