

Card Services Form – 2 (Personal Details Update, MR Points, Auto Debit, Insurance, Statement)Date

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Cardmember's Name:	Mobile Number:																				
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Authorize & Agree	Cardmember's Signature and Date																				
I have authorized the below instructions. I agree to the relevant Terms, Conditions and Clauses mentioned in this form. I also agree to pay the relevant fees & charges.																					

<input type="checkbox"/> A. Personal Details Update	
<input type="checkbox"/> Address (Residence/Office/Contact) <input type="checkbox"/> Contact No (Mobile/TNT) <input type="checkbox"/> DOB <input type="checkbox"/> E-mail <input type="checkbox"/> TIN <input type="checkbox"/> Signature <input type="checkbox"/> Others _____	
Previous	New
Do you want to change supplementary information? <input type="checkbox"/> Yes	
Enclosure: <input type="checkbox"/> Copy of National ID / MRP Passport / Driving License <input type="checkbox"/> Copy of Utility Bill <input type="checkbox"/> Copy of Office ID / Visiting Card	

<input type="checkbox"/> B. Membership Rewards (MR) Points Redemption	
<input type="checkbox"/> Redemption Category	<input type="checkbox"/> Card Fee <input type="checkbox"/> SMS Fee <input type="checkbox"/> CIB Fee <input type="checkbox"/> LPC <input type="checkbox"/> Outstanding <input type="checkbox"/> Others (fees only) _____
Available MR points: _____ Required MR points (Duly filled up by Cardmember): _____	
Value (Duly filled up by Cardmember): BDT _____ USD _____	
Item Code: _____ A/C number for MR Contract: _____	

<input type="checkbox"/> C. Auto Debit Enrolment / De-enrolment	
Type of Request	<input type="checkbox"/> Enrolment <input type="checkbox"/> De-enrolment
For Auto Debit Enrolment	Account No. _____
	Branch Name _____
<input type="checkbox"/> USD <input type="checkbox"/> BDT <input type="checkbox"/> Both USD and BDT	Auto Debit Option <input type="checkbox"/> Minimum Outstanding Payment <input type="checkbox"/> Full Outstanding Payment
Important Note:	
<ul style="list-style-type: none"> Auto debit will be effective on immediate due date after enrolment Auto debit will be executed on any point of time of the payment due date. So required balance need to be available from the day before payment date 	

<input type="checkbox"/> D. City Shield Premium Enrolment / De-Enrolment	
Type of Request	<input type="checkbox"/> Enrolment <input type="checkbox"/> De-enrolment

<input type="checkbox"/> E. Credit Card Statement	
Duration: From _____ To _____	Dispatch Location: <input type="checkbox"/> Registered Address <input type="checkbox"/> Registered Email <input type="checkbox"/> Branch / Service Centre (Please specify): _____

For Bank Use Only	
Client ID:	Received and Verified by Staff: (Sign, Seal and Date)