



Agib Bank Ltd

ATM CARD PIN REPLACEMENT FORM

CUSTOMER NAME:- _____

ACCOUNT NUMBER:- _____

ATM CARD NUMBER:- _____

RESIDENTIAL ADDRESS:- _____

TELEPHONE NUMBER(s):- _____

ID NUMBER:- _____

PIN LOST PIN FORGOTTEN OTHERS: _____

Details (If any):-

SIGNATURE:- _____ **DATE:-** _____

TERMS AND CONDITIONS APPLY

FOR OFFICE USE ONLY:-

Verified by:- _____ **Signature:-** _____

Authorized by:- _____ **Signature:-** _____

Pin Printed by:- _____ **Signature:-** _____

Date:- _____ **Replacement Charge:-** GMD _____