

Debit Card PIN Reissuance

Application Form

*Items in bold are compulsory	Date	
_		
Full Name		
Corporate Name		
Account Number		
Card Number (PAN)		
	First 6 numbers Last 4 number	
Telephone / Mobile		
Email		
	I/we hereby authorize UBA to debit r	my/our account with N150
	towards PIN reissuance charges.	nyyoor accoom wiin Aroc
Customer Signature		
Official Use Only		
Fee Transaction ID		
We/I further confirm tha	customer's signature has been verified and signa	ture verification
applied		
Officer	Name/Staff ID/SOL Sign	ature/Date
Customer Service Officer		

Branch Operations Manager