



United Bank for Africa

Card Service Requisition Form

Date

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Request Type *(tick as appropriate)*

Change PIN Block Card Card Linking Limit Increase

Account name _____

Account number

--	--	--	--	--	--	--	--	--	--

Card number (PAN)

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--	--	--	--

First 6 digits last 4 digits

Phone number

--	--	--	--	--	--	--	--	--	--

Email _____

Reason for Request _____

Account number to link card *(for card linking only)*

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(for card limit increase only)

Current limit ₦

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 New limit required ₦

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Customer's Signature

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Official Use Only

I/we further confirm that customer's signature has been verified

Officer	Name/Staff ID/SOL	Signature /Date
CRO		
BOM		