

**CARDHOLDER ACCOUNT LINK REQUEST FORM**

Date: .....

The Manager,  
Salapa Bikas Bank Ltd  
..... Branch  
Nepal

Dear Sir,

You are kindly requested to link my/our Visa Debit Card to my/our A/C Number: \_\_\_\_\_  
Account Name: \_\_\_\_\_ and also maintain / close the previous account  
number: \_\_\_\_\_ /as the Primary / Secondary account number.

I hereby authorize you to debit my/our account for necessary charges for the same if any.

\_\_\_\_\_  
Authorized Signature(s)

Name : .....

Account No.: .....

Card Number: .....

Contact No.: .....

Email Id.: .....

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**For official use only****Application/Signature Verified by:**

Name:

Employee No: .....

**Approved by:**

Name:

Employee No: .....