



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.:

For official use only

Application/Signature Verified by:

Name:

Employee No:

Approved by:

Name:

Employee No: