



CARDHOLDER REQUEST FORM

Date:

**The Head,
Digital Banking.
Salapa Bikas Bank Ltd.
..... Branch
.....
Nepal**

Dear Sir/Madam,

I kindly request you to:

- ☐ Block my lost Debit Card
Lost Date and Time.....
Informed Date and Time.....
- ☐ Re-issue/Replace against lost/damage of my Debit Card
- ☐ Cancel my existing Debit Card
- ☐ Re-generate my Debit Card PIN
- ☐ Renew my Debit Card

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

Authorized Signature

Name :
Address:
Account No.:
Card Number:
Expiry Date:
Contact No.:
Email Id.: