ATM CARD REQUEST FORM

ASTRA POLARIS
Micro Finance Bank Nigeria Limited

Branch_____

Date Day Month Year

Please tick √ as appropriate New Request Renewal

Account Name: Please specify title

Account Number:

Address:

Town/City:

Telephone:

Authorized Signature Date: _____

FOR RENEWAL ONLY

Reason for Renewal: Expired Faulty Lost Stolen/Damaged Forgot Pin

Account Name: Please specify title

Account Number:

Kindly debit my account with the cost of ATM card

DECLARATION: I am aware of the Terms and Conditions governing the use of ATM card and agree to abide by them.

Authorized Signature Date: _____

FOR OFFICIAL USE

_____ _____

Customer Service Officer (Name) Signature/Stamp/Date

_____ _____

Head of Operations/BDM Signature & Date