



# NEW CARD APPLICATION FORM & STOP NOTICE

- KunduCard 
  Sumatin Card 
  Kids Savings Card 
  Smart Business Debit Card 
  BSP First Platinum 
  BSP Priority Gold 
  BSP Priority Silver 
  VISA Debit Classic

**Branch***(branch where the new card application is lodged)*

	Given Name/s	Surname	CIF Key
Primary			
Joint			

**STOP NOTICE**

Primary Account: \_\_\_\_\_ Primary Account Type: \_\_\_\_\_  
 Primary Card Number: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Joint Card Number: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Number: \_\_\_\_\_

My KunduCard/Sumatin Card/Kids Savings Card/Smart Business Debit Card/ VISA Debit Card has been/become  Expired  lost  Stolen  Destroyed  In-operable and I request that BSP place a stop on the card.

*(For replacement of expired/lost/stolen/destroyed Sumatin Card a valid School ID or a letter from the Principal must be presented to verify that the customer is still a student and between the ages of 15 - 25 years before a new Sumatin Card is ordered.)*

*(For replacement Kids Savings Card, Parent to provide anyone of the following: birth certificate, clinic book, letter from the School Principal or School ID Card to verify that child is with in the ages of 0-15 years)*

Date Lost: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

How/where loss/theft occurred *(Check only one box)*  Car  Work Place  Home  Person  Recreational Venue

Others, Specify \_\_\_\_\_

Date current Card & PIN were issued \_\_\_\_\_

Was your PIN lost with your Card?  Yes  No

Where was the PIN recorded? \_\_\_\_\_

Who else knows the PIN? \_\_\_\_\_

Address where Card/PIN were last used \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Stop advice by phone  Retain for further action Action By: \_\_\_\_\_ Check By: \_\_\_\_\_  
 Stop advice in person  Forward to ledger branch Stamp Branch Stamp

**DECLARATION OF LOSS**

I hereby declare that

- I/we have made a diligent search for the KunduCard/Sumatin Card/Kids Savings Card/Smart Business Debit Card/VISA Debit Card but am unable to locate it.
- The present nominated account will apply to the new KunduCard/Sumatin Card/Kids Savings Card/Smart Business Debit Card/ BSP First Platinum/BSP Priority Silver/VISA Debit Classic.
- If the lost/stolen/damaged KunduCard/Sumatin Card/Kids Savings Card/Smart Business Debit Card/ BSP First Platinum/BSP Priority Silver/VISA Debit Classic is recovered. I shall return it to the Bank.

**CONDITION OF ISSUE/REISSUE**

I/we request that the Bank issue me/us a new KunduCard/Sumatin Card/Kids Savings Card/Smart Business Debit Card/ VISA Debit Card to access the account/s nominated below by the use of a Card and Personal Identification Number(PIN) in an Electronic Banking Terminal, I/we acknowledge receipt of the banks current Electronic Banking condition and Visa Debit Card Terms & Conditions of use which I/we have read, understood and hereby accept and agree to be bound to the stated conditions details therein and as amended from time to time in the future.

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



- Needs A/C confirmation  
 Accounts Confirmed by

**NEW CARD APPLICATION**

Application for	Document Received	Collected	Received	Cancelled
<input type="checkbox"/> New Card /PIN	Primary Signature	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Replacement Card /PIN	Joint Signature			
<input type="checkbox"/> Amendments to Nominated Accounts				

Nominated Accounts	Account Number	Branch	Collection
Cheque Account: _____			<input type="checkbox"/> Collection at this branch
Kundu Account: _____			<input type="checkbox"/> Collection at Ledger branch
Sumatin Account: _____			
Kids Savings Account: _____			
Smart Business Current Account: _____			

Primary Card Number: \_\_\_\_\_ Joint Card Number: \_\_\_\_\_

**BANK USE**

I certify that the above details have been checked. Customer signature verified. System checked and appropriate action taken for any previous cards on file.

Date Verified: \_\_\_\_\_ Actioning officer: \_\_\_\_\_ Checking Officer: \_\_\_\_\_

Item issued: \_\_\_\_\_ Card issue By: \_\_\_\_\_ PIN issued By: \_\_\_\_\_

Item issue to customer By: \_\_\_\_\_ (Branch Stamp)