



# Corporate Visa Card Limit/Cancellation/Replacement/Closure Form

**Request type** (Please a "✓" in the appropriate check box)

- Limit Amendment     
  Cancellation/Replacement     
  Account Closure (Cardholder)

**Note**

**Section A** is compulsory field that **MUST** be completed by customer/applicants.  
**Section B** to be completed if customer is requesting for Cancellation/Replacement

**SECTION A: ORGANISATION INFORMATION**

Organisation (*entity*) Name \_\_\_\_\_  
 Trading Name (*if applicable*) \_\_\_\_\_  
 Investment Promotion Authority (IPA) Registration Number \_\_\_\_\_

**SECTION B: CARDHOLDER DETAILS**

Cardholder Name \_\_\_\_\_  
 Card Number    □□□□□□ ..... □□□□  
 Account Number \_\_\_\_\_

**LIMIT AMENDMENT ON CARD(S)**

Specify the new limit (s) to be applied to the card(s) listed by indicating the VIP limit corresponding to the ATM and EFTPoS transaction amounts in the table. (*Refer to VIP Limit table further below to complete new card VIP limits*)

				<b>BANK USE ONLY</b>
	Cardholder Name	Card Number	Existing Limit	NEW Limit requested
1		□□□□□□ ..... □□□□		
2		□□□□□□ ..... □□□□		
3		□□□□□□ ..... □□□□		
4		□□□□□□ ..... □□□□		
5		□□□□□□ ..... □□□□		
6		□□□□□□ ..... □□□□		
7		□□□□□□ ..... □□□□		
8		□□□□□□ ..... □□□□		

Refer to table below when requesting for the new VIP limits.

VIP Limit	ATM (Domestic or International)	EFTPoS (Domestic or International)	VIP Limit	ATM (Domestic or International)	EFTPoS (Domestic or International)
0	K0	K1,000	5	K5,000	K100,000
1	K0	K3,000	6	K10,000	K200,000
2	K0	K10,000	7	K500	K5,000
3	K1,000	K20,000	8	K0	K50,000
4	K1,000	K50,000	9	K3,000	K20,000

**CANCELLATION/REPLACEMENT OF CARD(S)**

Select reason for cancellation of Visa Business card (check  only one box):

- Lost     Stolen     Damaged     Forgot PIN     other, state reason: \_\_\_\_\_

How/where loss/theft occurred (check  only one box)

- Car     Work Place     Home     Person     Recreational Venue     Other, specify \_\_\_\_\_

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

Check  the box below if a replacement Card/PIN is required due to the reasons stated above

- Please order a replacement Corporate Visa Card/PIN

**CARDHOLDER ACCOUNT CLOSURE**

Cardholder Name \_\_\_\_\_ Cardholder Account Number \_\_\_\_\_

We hereby authorise Bank South Pacific Limited to close cardholder account and transfer balance of the account to Visa Business Account / Business Operating Account detailed below:

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

**Customer Declaration**

By signing below, I/We acknowledge and agree that:

1. Where cancellation has been registered the Corporate Visa Card is to be returned to BSP;
2. Where I/We have requested for a Replacement Card/PIN:
  - a. I/We have made a diligent search for the lost/stolen card but have been unable to locate it;
  - b. I/We shall return to Bank South Pacific the lost/stolen card if it is recovered by me/us;
  - c. Existing linked account(s) and applicable limits shall apply to the replacement card;
  - d. A fee applies for the replacement card
3. I/We will be bound to any Terms & Conditions that are applicable to the replacement Card/PIN or accounts linked to the replacement Card/PIN and I/We have been given the opportunity to read, understand and accept the Terms & Conditions. I/We are responsible for ensuring the security for the replacement Card/PIN and any obligations imposed on me/us under those Terms & Conditions;
4. I/We warrant:
  - a. In the case of an Entity, a resolution was passed (refer attached) in accordance with the entity's constitution, or;
  - b. I/We are duly authorised to request replacement of the Card/PIN and the supporting documents together with this form evidences the matters stated in this clause
5. I/We agree that the contents of this form are true and correct

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK USE ONLY**

**Branch/Relationship Team**

**Limit Amendment**

Official Company Letter attached  Yes  No  
 Signatories confirmed  Yes  No  
 Credit application approval Granted  Yes  No

**Cancellation/Replacement**

Cancellation informed in writing with Company letterhead:  Yes  No  
 Initiating Branch \_\_\_\_\_ Collection Branch \_\_\_\_\_  
 VIP Limit \_\_\_\_\_ Card Number to cancel:       .....      
 New Card details     .....

I certify that the details contained within this form have been confirmed and appropriate actions taken for the related request

Verified By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By (Branch/ Relationship Manager) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Lending support officer**

Limit amended as per request  
 Old card Cancelled (*amended status: \_\_\_\_\_*)  
 New card generated  
 New card details advised to Corp Admin  
 Cardholder account closed as requested  
 Balance transferred to Business Operating Account

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

**Corporate Admin (Day 2 Checks)**

Limit checked (reflects application/request)  
 Old card cancelled on system  
 Replacement card ordered  
 Cardholder account closed-off  
 Balance transferred to Business Operating Account

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