



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 limit corresponding to the ATM and EFTPoS transaction amounts in the table. (Refer to Limit table further below to complete new card limits)

				BANK USE ONLY
	Cardholder Name	Card Number	Existing Limit	NEW Limit requested
1		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
5		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
6		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
8		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Refer to table below when requesting for the new limits.

ATM (Domestic or International)	EFTPoS (Domestic or International)
K0	K1,000
K0	K3,000
K0	K10,000
K1,000	K20,000
K1,000	K50,000
K5,000	K100,000
K5,000	K200,000
K500	K5,000

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 BSP Financial Group 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 BSP Financial Group Limited 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

Company CIF# _____

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 _____
 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 _____