## **Card/PIN Release Form**



Date Day Month Year BVN:					
Customer Details Please tick required section as appropriate					
Account No.: Releasing Branch:					
Account Name:  Card Type: MasterCard Dollar PIN Type: MasterCard Dollar Visa Card Dollar Visa Card Dollar Naira MasterCard Naira MasterCard					
Proxy Details (For card collection only)					
Please complete if you are picking on behalf of the account holder					
Proxy Name:  Phone No.:					
Declaration: I hereby confirm that I picked up Card and/or PIN (Personal Identification Number) with the account details above. I undertake absolute responsibility for safeguarding my card and PIN and relieve the bank from any liability arising from unauthorized access on my account except where it is proven that the fraud arose as a direct result of the Bank's gross negligence or misconduct.					
Authorized Signatory Authorized Signatory					

 $<sup>{}^{\</sup>star}$ Please note that a fee of N1,000 will apply for your Naira Debit Card.

## For Official Use

CIS:		OPS Head:		
C.5.	Name/Signature/Date		Name/Signature/Date	