

DAILY CARD LIMIT AMENDMENT FORM

TO THE MANAGER:		
BRANCH		
CUSTOMER'S NAME:		
CARD NUMBER First 4 digits		Last 4 digits
	X X X X X X	XX
ACCOUNT NUMBER		
ID/PASSPORT NUMBER		
Email Address		
Limit Enhancement requested;		
CHANNEL	CURRENT LIMIT (RWF)	REQUESTED LIMIT (RWF)
ATM		
Is amendment permanent?		
Yes No		
Temporary ame	ndment indicated date period	
From:		
То:		
Customer Signature:		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Dat	le.
FOR OFFICIAL USE ONLY		
Verified by:		
Signature: Date:		
Approved by:		

Disclaimer: The card withdrawal limit is increased at the customer's request and implies the increased possibility of transacting more than the Bank initially set to protect the Customer's account. Therefore, in no event shall Guaranty Trust Bank (Rwanda) plc be liable for any direct, indirect, consequential, incidental damages or any damages whatsoever, whether in action, contract, or other tort arising out of or in connection with the increased card withdrawal limit.

Signature: _____ Date: _____