



Date
Day Month Year

Customer Details Please tick required section as appropriate

Account No. :

Releasing Branch: _____

Account Name : _____

Card Type : MasterCard Dollar

PIN Type: MasterCard Dollar

TZS MasterCard

TZS MasterCard

Proxy Details (For card collection only) Please tick required section as appropriate

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

Customers are advised to request for the Customer Acknowledgment Slip

For Official Use

CIS : _____
Name/Signature/Date

OPS Head : _____
Name/Signature/Date