



Bank AL Habib Limited

Replacement ATM/Debit Card Form

The Manager,
Bank AL Habib Limited,
_____ Branch.

Date _____

Dear Sir,

I/We request you to issue me/us a replacement ATM/Debit Card, as my previous

ATM/Debit Card Number - has been Lost/ Damaged / Misplaced.

Account Number - -

Name on Card

CNIC Number - -

Current Mailing Address _____

_____ Phone No. _____

Date of Birth _____ Mother's Maiden Name _____

Name of Card Applicant _____ Signature _____

For Branch Use Only

Signature Verified by _____ Card Issue Approved by _____
(Name & Signature) (Name & signature)

For CBD Use Only

ATM Card Number -

Card Generated on PIN Generated on

Card Generated by _____ PIN Generated by _____
(Name & Signature) (Name & Signature)

Customer's Acknowledgement

I/We confirm having received my new PIN as requested above.

Customer's Card/
PIN Acknowledgement _____ Signature Verified by _____
(Signature & Date) (Initials)