

CIMB ATM Card Service Request Form

Use **BLOCK** letters and tick the boxes or delete where applicable. Please allow for 5 business days from the receipt of your request for your updated Bank records to take effect.

Please mail the completed form to:

CIMB Bank Berhad, Account Services
Robinson Road, P.O. Box 0088
Singapore 900138

About Myself

Name as in NRIC/Passport: _____

NRIC/Passport No.: _____

Please mail my CIMB ATM Card and PIN Mailer (if applicable) to:
(Address indicated must be registered in Bank's records)

Postal Code: _____

CIMB ATM Card Application

(Not applicable for Joint-AND application.)

Daily ATM Withdrawal Limit: S\$1,000 S\$2,000 S\$3,000 (DEFAULT) S\$5,000 S\$10,000

Account(s) to be linked: DEFAULT ACCOUNT*: _____ OTHERS: _____

Upon approval of your application, your ATM Card and PIN Mailer will be mailed separately to your address in our records.

*Default Account is used for transactions without account selection, e.g. ATM Fast Cash

CIMB ATM Card and PIN Mailer Acknowledgement (applicable for walk-in customers only)

I hereby acknowledge receipt of CIMB ATM card and PIN Mailer Serial No. _____



FOR BANK USE ONLY

Verified by: _____

Instructions for CIMB ATM Card (for existing CIMB ATM Card holders)

Replacement of ATM Card

Reason for Replacement of ATM Card: LOST/STOLEN CARD FAULTY FORGOTTEN PIN OTHERS (Please specify): _____

Linking of Account No.: _____ to ATM Card No. (Last 6 digits): _____
(Not applicable for Joint-AND application)

Delinking of Account No. _____ from ATM Card No. (Last 6 digits): _____

Termination of ATM Card No. (Last 6 digits): _____

Change of Daily ATM Withdrawal Limit: S\$1,000 S\$2,000 S\$3,000 (DEFAULT) S\$5,000 S\$10,000

Dispute of ATM Card Transactions/Others

INCIDENT DATE: _____ TIME: _____ AMOUNT: _____

AFFECTED A/C NO.: _____ CARD NO. (Last 6 digits): _____ ATM LOCATION: _____

DESCRIPTION OF INCIDENT(S): _____

Activate ATM card for overseas usage for Card No. (Last 6 digits): _____
From: _____ (DD/MM/YY) to: _____ (DD/MM/YY)

Declaration

I have read, understood and retained a copy of the Terms and Conditions Governing Electronic Banking Services, E-Statements and E-Alerts, and any other terms and conditions relating to the Bank's products or services (all as may be amended from time to time) and agree to be bound by them.



Signature of Account Holder _____

Date: _____

FOR BANK USE ONLY

BRANCH:

ATM CARD NO.:

PIN MAILER SERIAL NO.:

CIF UPDATE:

INPUT BY:

CHECKED BY:

INPUT BY:

CHECKED BY:

INPUT BY:

CHECKED BY:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE: