

BSP CARD APPLICATION FORM & STOP NOTICE

☐ BSP F	uCard Sumatin Card Kids Savings Card VISA Debit Classic First Platinum BSP Priority Gold BSP Priority Silver SME VISA Card				
Branch	(branch where the new card application is lodged)				
Primary	Given Name/s	\$	Surname		BSP Customer ID
Joint					
Telephone	(Work)	Mobile	Email		
STOP	NOTICE				
Primar	y Account:				
Primar	y Card Number:		Branch:		
Joint C	Card Number:		Branch:		
My Kui	nduCard/Sumatin Card/Kids Savings Card/	SME VISA Card/ VISA Debit Card I	nas been/become 🗌 Expired 🗀	Lost 🗌 Stoler	□ Destroyed
(Foi betv (For	operable and I request that BSP place a sto r replacement of expired/lost/stolen/destroyed Su ween the ages of 13 - 25 years before a new Suma r replacement Kids Savings Card, Parent to provia ne ages of 0-12 years)	matin Card a valid School ID or a lettei tin Card is ordered.)		-	
Date Lost: Approximate Time:					
How/where loss/theft occurred (Check only one box) Car Work Place Home Person Recreational Venue					
Others, Specify					
	urrent Card & PIN were issued was the PIN recorded?		ur PIN lost with your Card?	_	
	ss where Card/PIN were last used		e knows the rink.		
	ure:			_	
□ Sto	pp advice by phone Retain for furth	por action Action Pur		Check By:	
_	pp advice by phone			· · · · · · · · · · · · · · · · · · ·	amp Branch Stamp
DECL	ARATION OF LOSS				
/we request t	DITION OF ISSUE/REISSUE that the Bank issue me/us a new KunduCard/Sun ntification Number(PIN) in an Electronic Banking we have read, understood and hereby accept and	Terminal, I/we acknowledge receipt of	the banks current Electronic Banking o	ondition and VISA E	ebit Card Terms & Conditions of
Primary Sig	inature:	Date:			AFFIX
	ture:				CLIENT
_	gnature:			_	
					Needs A∕C confirmation Accounts Confirmed by
I/We unde	erstand that a lost/stolen card incurs a fee. I	/We therefore authorise BSP to d	ebit K20 from my/our account for	the Replacemen	t card fee
Signature			Date:		
NEW	CARD APPLICATION				
Applic	ation for	Document Received	Collected	Received	Cancelled
—	ew Card /PIN	Primary Signature	Date:	Date:	Date:
—	eplacement Card /PIN mendments to Nominated Accounts	Joint Signature			
LUAI	Hendriens to Norninated Accounts	Joint Signature			
Nominated Accounts Collection					
☐ Sumatin Account ☐ Kids Account ☐ Kundu Account ☐ SME Business Current Account ☐ Collection at this branch ☐ Collection at domicile branch					
Accou	Account Number: Branch Name:				
Primary Card Number: Doint Card					
BANK	USE				
I certify	y that the above details have been checked	l. Customer signature verified. Sys	stem checked and appropriate ac	tion taken for any	previous cards on file.
Date V	/erified: A	ctioning officer:	Checking Office	r:	
Pre gei	n account no.: P	re gen card no.:	Delete:	☐ No	
Date it	ems issued: Ca	ard issue by:	PIN issued by:		
ltems i	ssued to customer by:		·	(Branci	n Stamp)