



# CARD RENEWAL/ REPLACEMENT/ PIN RESET FORM

CUSTOMER ACCOUNT NUMBER

BANK USE

CIF#

BRANCH

## REQUEST

**CARD RENEWAL**  
(SKIP SECTION A)

**CARD COLLECTION**  
(SKIP SECTION A)

**CARD REPLACEMENT** COMPLETE ALL SECTIONS  
SELECT CARD REPLACEMENT TYPE

**PIN RESET**  
(SKIP SECTION A)

**STOP CARD**  
(SKIP SECTION A)

INSTANT KUNDU  
INSTANT VISA DEBIT  
BSP PRIORITY SILVER

CLASSIC VISA DEBIT  
SME VISA

BSP FIRST PLATINUM  
BSP PRIORITY GOLD

TITLE: MR MS FIRST NAME  
MRS DR

MIDDLE NAME

LAST NAME

DATE OF BIRTH

DD/MM/YYYY

MOBILE PHONE

+675

EMAIL

## CUSTOMER INFORMATION UPDATE

**PLEASE COMPLETE IF YOU HAVE NOT RECENTLY COMPLETED CUSTOMER INFORMATION UPDATE OR IF ADVISED BY STAFF**

GENDER: MALE ANNUAL GROSS INCOME PLACE OF BIRTH NATIONALITY  
FEMALE K

RESIDENT STATUS: RESIDENT PERMANENT U.S RESIDENT NON-RESIDENT VISITED U.S IN THE LAST 3 YEARS

### EMPLOYMENT DETAILS

EMPLOYMENT STATUS:  
UNEMPLOYED OFFICE PHONE (IF APPLICABLE) OCCUPATION (IF APPLICABLE) INDUSTRY (IF APPLICABLE)  
EMPLOYED

### RESIDENTIAL ADDRESS

SECTION LOT STREET NAME

### MAILING ADDRESS

P.O BOX

RELATED TO A POLITICALLY EXPOSED  
PERSON. E.G., POLITICIANS, THEIR FAMILY  
MEMBERS AND/OR BUSINESS ASSOCIATES

SUBURB/TOWN/VILLAGE

COUNTRY

NAME OF RELATED PERSON (IF APPLICABLE)

DISTRICT/ PROVINCE

POSTCODE

POSITION OF RELATED PERSON (IF APPLICABLE)

FORM CONTINUES ON NEXT PAGE

### BANK USE

I certify that the above details have been checked. Customer signature and identification verified. System checked and appropriate action taken for any previous cards on file.

STOP CARD NUMBER

KIT NUMBER

ISSUED CARD NUMBER

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CARD UNLINKED & BLOCKED

PIN SET

FOR RENEWALS: CARD SIGHTED & DESTROYED

**FOR PIN RESET:** CUSTOMER PIN RESET

DATE

ACTIONING OFFICER

## SECTION A: FOR CARD REPLACEMENT

- For replacement of expired/ lost/ stolen/ destroyed Sumatin Card a valid School ID or a letter from the Principal must be presented to verify that the customer is still a student and between the ages of 13 - 25 years before a new Sumatin Card is ordered.
- For replacement Kids Savings Card, Parent to provide anyone of the following: birth certificate, clinic book, letter from the School Principal or School ID Card to verify that child is within the ages of 0 - 12 years.

### DECLARATION OF LOSS

I/ We hereby declare that;

I/ We have made a diligent search for the KunduCard/ Sumatin Card/ Kids Savings Card/ SME VISA Card/ VISA Debit Card but am unable to locate it. The present nominated account will apply to the new KunduCard/ Sumatin Card/ Kids Savings Card/ SME VISA Card/ BSP First Platinum/ BSP Priority Silver/ VISA Debit Classic. If the lost/ stolen/ damaged KunduCard/ Sumatin Card/ Kids Savings Card/ SME VISA Card/ BSP First Platinum/ BSP Priority Silver/ VISA Debit Classic is recovered. I shall return it to the Bank.

### CONDITION OF RE-ISSUE

I/we request that the Bank issue me/us a new KunduCard/ Sumatin Card/ Kids Savings Card/ SME VISA Card/ VISA Debit Card to access the account/s nominated below by the use of a Card and Personal Identification Number(PIN) in an Electronic Banking Terminal, I/we acknowledge receipt of the banks current Electronic Banking condition and VISA Debit Card Terms & Conditions of use which I/we have read, understood and hereby accept and agree to be bound to the stated conditions details therein and as amended from time to time in the future.

I/ We understand that a lost/ stolen card incurs a fee. I/ We therefore authorise BSP to debit from my/ our account for the Replacement card fee.

I/ We confirm that the account balance is higher than the Replacement card fee.

## CUSTOMER STATEMENT & DECLARATION

BSP Financial Group Limited (BSP) advises that we may disclose your personal information: (1) to other organisations to help us assess financial risk or to recover debt; (2) credit reference agencies; (3) with other members of the BSP Group including, agents, subsidiaries, advisers, consultants or other service providers; (4) with the regulator(s) or state agencies in any jurisdiction that BSP may, in its absolute discretion, consider necessary or appropriate; (5) with other organisations to assist BSP in complying with its obligations in respect of sanctions, anti-money laundering, counter-terrorism financing and proceeds of crime; and (6) with the United States Internal Revenue Service to assist us in compliance with our obligations under our arrangement regarding the Foreign Account Tax Compliance Act (FATCA).

Tax Compliance Act Consent. I consent to BSP disclosing my information under FATCA.

I confirm the details in this application may be relied on as it is my current information, and the details completed in this form are true and accurate and would replace any prior information BSP might currently hold.

I have read and understood the above set out disclosure and this declaration as set out on this form. I consent to BSP processing and disclosing my personal data. I acknowledge that I have read and understood the relevant Terms & Conditions, and where I have opted to link a Kundu Card, and/or a VISA Debit Card to my account(s) I confirm that I have read and understood the related Terms & Conditions and by executing this document, I accept and agree to be bound by them.

Where this is my personal account, I acknowledge that I, through my signature, am the only authority recognised on my account. Where this is a joint account, we acknowledge that we, through our signature, are the authorities recognised on our account.

PRIMARY ACCOUNT HOLDER SIGNATURE      JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE)      DATE

## CUSTOMER CONFIRMATION

I HAVE RECEIVED & ACTIVATED MY CARD      OR      I HAVE SUCCESSFULLY RESET MY PIN

PRIMARY ACCOUNT HOLDER SIGNATURE      JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE)      DATE