

Authorized by

I&M BANK LTD CARD REPLACEMENT FORM

Please complete this form by selecting appropriately, print and drop at your nearest I&M Bank branch

DATE:	
THE BRANCH MANA	GER,
I&M BANK,	
DRAINCH:	
I hereby apply for	a new card as per details below,
CHOOSE CARD PR	<u>ODUCT</u>
Prepaid Card	
Debit Card	
Credit Card	
CARD HOLDER DE	TAILS
Card Holder's Name	:
Old Card Number:	
Account Number (De	ebit Cards only) :
ID/Passport Number	:
REASON FOR REPL	ACEMENT: (SELECT APPROPRIATELY)
Card Stolen/Lost	:/Damaged/Can't Read
Expired Card	
Retained at othe	er Bank ATM Machine (Bank's Name)
Pin Forgotten	
Unauthorized use	e/Fraudulent activity
Illegible/Incorrec	-
Kindly block the old o	card and issue a replacement card at a cost as per general tariff which I authorize you to recover by debiting the
card /Account numb	er.
	ept that the Terms and Conditions of Use of the I&M Bank Limited Visa & Mastercard cards as available on group.com/ke/ will be applicable for the new replacement card.
Signatory Name	
Signature	
FOR OFFICIAL USE	ONLY
New Card Number	
1 TOW COLD I TUITIDE	