Standard Chartered

Card Block Request

Date ☐☐ ☐☐ ☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐ Relationship ID ☐☐☐☐☐☐☐☐☐

Card Number ☐☐☐☐☐☐XXXXXX☐☐☐☐

Card Holder Name _____ Contact Telephone _____

Card Expiry Date ☐☐ ☐☐ ☐☐☐☐

ID Verification Checked:

☐ Mother's Maiden Name ☐ ID Number ☐ Date of Birth ☐ Card Expiry

☐ Credit Limit ☐ Other _____

Replacement Required ☐ Yes ☐ NO

Please state reason(s) for requesting your card to be blocked:

☐ Card Stolen ☐ Card Lost ☐ Card Misused

☐ Card not received ☐ Card damaged ☐ PIN not received

☐ PIN Forgortten ☐ Other ☐

For Bank use only

Card returned / destroyed in Nigeria ☐ Yes ☐ No

On-line Card 400 Checked ☐ Yes ☐ No

Branch _____

Account reviewed and verified by _____ Date ____ / ____ / ____

Approved by _____ Date ____ / ____ / ____

Replacement Card Issued ☐ Yes ☐ No Checked by _____

Date Issued _____ Date Checked _____

Card Operations _____ _____

Name Signature

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