

## Limit / Billing Cycle Change

Date

Account Number           Relationship ID

Card Number

Card Holder Name \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Card Expiry Date

**ID Verification Checked:**

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

Credit Limit     Other \_\_\_\_\_

**I would like to request for the following:**     Limit Change     Billing Date Change

Limit Increase

Limit Decrease

Current Credit Limit \_\_\_\_\_

Desired Credit Limit \_\_\_\_\_

**Billing Cycle Change**

Current Billing Cycle Date: \_\_\_\_\_

Please choose desired billing cycle

5th     10th     15th     30th

Do you have a standing instruction     Yes     No

Do you want to switch on Online functionality     Yes     No

**If yes, please specify**

Repayment Account No.

New Due Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**For Bank use only**

On-line Card 400 Checked \_\_\_\_\_

Account status checked (tick)     Active     Status Card (Block code: \_\_\_\_\_)

Branch \_\_\_\_\_

Billing cycle changed for the last 6 months     Yes     No

Account reviewed and verified by \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Permanent Limit \_\_\_\_\_

Card Operations: \_\_\_\_\_

Sender's Name

Signature

Change request done:     Yes     No

Checked by \_\_\_\_\_

Date of Change: \_\_\_\_\_

Date Checked: \_\_\_\_\_