

FORM FOR LOST OR STOLEN CARDS (ATMS/CREDIT CARDS)

(Please complete Part 1, 2 & 3 of this Form)

To:

Card Centre
 Blue Nile Mashreg Bank
 Private Banking Branch,
 Baladia Street
 Khartoum

Date: _____

1. PERSONAL DETAILS

CARDHOLDERS A/c No. _____

CARDHOLDERS NAME: _____

ATM CARD NUMBER _____

If supplementary card is lost

SUPPL. CARDHOLDERS NO. _____

SUPPL. CARDHOLDER' S NAME: _____

2. REPORT DETAILS:

Time card' s lost/ Misplaced/Stolen _____

Venue of the Loss/Misplacement _____

Date card last used _____

Place card last used _____

3. RECOMMENDED ACTION TO THE BANK (tick one)

- Cancel and Replace card ; OR
 Deactivate the card until confirmed lost/ found.

CARDHOLDERS SIGNATURE _____

FOR OFFICIAL USE ONLY (PLEASE TICK)

.. Card blocked and replacement ordered

.. Card deactivated

Approving official FOR BNMB

NAME SIGNATURE