

Blue shaded areas for bank use only

| | | | |
|--|--|---|--|
| Branch where account held | | Date (YYYY-MM-DD) | |
| Full name of customer | | | |
| Identity number | | Card number | |
| Tick the applicable box to indicate what type of card function was performed (Function A, B, C, D, E, F) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A New Debit card and PIN | B Replacement Debit card and PIN | C Secondary Debit card and PIN | D (EAP/ATM withdrawal limit) or amended changed (ATM withdrawal limit only) |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | E Linking of new accounts | F Customer selected PIN |
| Tick the applicable box indicating that shows the type of card that the above functions namely A, B and C have been applied to | | Tick the applicable box indicating that shows the type of card that the above functions namely D, E and F have been applied to | |
| <input type="checkbox"/> Autobank Debit card | <input type="checkbox"/> Sum 1 | <input type="checkbox"/> E Plan | <input type="checkbox"/> Autobank Debit card |
| <input type="checkbox"/> Mzansi | <input type="checkbox"/> Student Achiever | <input type="checkbox"/> SME | <input type="checkbox"/> Sum 1 |
| <input type="checkbox"/> EMV Debit | <input type="checkbox"/> EMV Student | <input type="checkbox"/> EMV SME | <input type="checkbox"/> E Plan |
| | | <input type="checkbox"/> Mzansi | <input type="checkbox"/> Student Achiever |
| | | <input type="checkbox"/> Credit cards (eg. Mastercard, Visa, Blue bean, Diners, Cheque card etc.) | |
| B Reasons for replacement card | | | |
| <input type="checkbox"/> Retained kept by ATM | <input type="checkbox"/> Conversion-change of card type | <input type="checkbox"/> Damaged-magnetic strip faulty | |
| <input type="checkbox"/> Card stolen or lost | <input type="checkbox"/> Customer damage chipped or cracked card | <input type="checkbox"/> New account | |
| C New secondary card and PIN | | | |
| Power of Attorney held (Form 14177) | Initial | | |
| D Indicate the new (EAP/ATM withdrawal limit) or amended (ATM withdrawal limit only) as indicated below | | | |
| <input type="checkbox"/> Daily ATM withdrawal limit R _____ | <input type="checkbox"/> Monthly income R _____ | | Daily Personal purchase limit R 2 000 |
| <input type="checkbox"/> Monthly EAP limit R _____ | | | |
| <input type="checkbox"/> Monthly ATM withdrawal limit R _____ | | | |
| E Linking of new accounts | | | |
| Type of account | Name of account holder | Account number | Power of Attorney held (Form 00014177) Initials |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| F Reason for customer selected PIN | | | |
| <input type="checkbox"/> I would like to select my own PIN | | <input type="checkbox"/> I would like my PIN reset to allow for internet banking access | |
| Important information <ul style="list-style-type: none"> Standard Bank ("we" or "us") apply all the above limits when the card is used, and depends on the available balance on the relevant account(s) linked to the card. You are therefore exposed to these limits. This means that if you lose your card, you will be exposed to fraud up to the set limit. Immediately report your card lost or stolen on the 24 hour toll free number 0800 020 600. Do not accept help from strangers or security guards when using ATM's. Only swipe or use your card at ATM's and recognised point-of-sale devices in shops. Do not write your PIN on your ATM debit card or keep your pin, in any form, with your card. If we reissue any card for whatever reason we will automatically copy all existing linked accounts, loaded beneficiaries and future-dated payments to the reissued card. I hereby authorise you to copy my linked accounts, loaded beneficiaries and future-dated payments to the reissued card. | | To be completed when collecting your card <ul style="list-style-type: none"> I acknowledge receipt of my PIN, debit card. I agree to be bound by the general terms and conditions as amended changed by the bank from time to time. I have received a copy of these general terms and conditions. Furthermore, I also acknowledge that the card issue pack has not been opened by anyone but me and that the envelope was still sealed when I received it. | |
| Customer's signature authorising request | | Customer's signature | |
| Applicable to section A, B, C, D, E and F | | | |
| Initial of staff member verifying the signatory and Identity number _____ | | | |
| Authorised signature _____ | | Limits authorised by _____ | |