ALLIANCE BANK

Borang permintaan perkhidmatan kad kredit
Credit card service request form

7 COMPLETE & FAX TO : 03-56215624

Sila isikan butir-butir berikut *Please fill in the following details*

1 Nama *Name*

No. K/P (Baru) *I.C No.(New)*

2 No. Kad *Card No.*

No. K/P (Lama) *I/C No.(Old)*

Jenis permintaan *Type of request*

Tandakan "X" dalam kotak berkenaan *Mark "X" in the appropriate box*

1 Pertukaran alamat *Change of address*

Alamat *Address*

Poskod *Postcode*

Tarikh berkuatkuasa *Effective date* DD MM YY

No. Telefon (R) *Telephone no. (H)* (P) *(O)*

No. Faks (R) *Fax No. (H)* (P) *(O)*

2 Kad gantian *Replacement card*

☐ Kerosakan jalur magnetik *Magnetic stripe faulty*

☐ Kerosakan kad *Damaged card*

☐ Pertukaran nama yang dicetak di atas kad *Change of embossed name*
Nyatakan nama yang hendak ditukar *New name to be embossed*

☐ Lupa PIN / PIN terbongkar / PIN tidak diterima
Forgotten PIN / Compromised PIN / Non-receipt of PIN

☐ Pertukaran pilihan bahasa
Change of preferred language

☐ *English* ☐ *Bahasa Malaysia* ☐ *Chinese*

3 [x] Lain-lain (Sila nyatakan) *Others (Please specify)* Change I.D No. of Principal & all Supplementary Cards to :

3 Permintaan penyata *Statement request*

☐ Penyata tidak diterima *Non-receipt of statement*

☐ Penyata hilang *Misplace statement*

Bulan *Month*

4 Fee / Caj dikecualikan *Waiver of Fees / Charges*

☐ Caj pembayaran lewat *Late payment charge*

☐ Fee penggantian / Fee pengeluaran semula
Replacement / Reissue fee

☐ Caj kewangan *Finance charge*

Fee pengeluaran tunai *Cash advance fee*

☐ Lain-lain (Sila nyatakan) *Others (Please specify)*

Amaun *Amount*

Bulan *Month*

5 Pembatalan *Cancellation*

☐ Tamat tempoh *Upon expiry*

☐ Sebab-sebab (Sila nyatakan)
Reasons (Please specify)

Berkuatkuasa serta merta *With immediate effect*

6 Pengambilan kad *Card collection*

4 ☐ Penghantaran semula kad dari
Redirect card from

ke
to

5 Tandatangan *Signature*

6 Tarikh *Date*

For CPS use

Verified by

Cards No.

Authorised Signatory

Date

CP2 AxxA