



OGIGE MICROFINANCE BANK LTD

No 20 Market Road, Alu-Udele. P.O. Box 2030, Nsukka

ATM CARD REQUEST FORM

Customer Information (To be completed by customer):

Full Name:	
Account Number:	
Phone Number:	
BVN:	
Residential Address:	

Card Information:

Card Type: <input type="checkbox"/> Verve <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Date of Request:

Declaration by Customer:

I, _____, wish to request for ATM debit card and undertake as follows:

1. That the information provided is true and correct.
2. To safeguard my ATM card and PIN, and report immediately if lost/stolen.
3. To acknowledge that the bank shall not be liable for losses arising from my negligence in the use of this card.
4. The collection is in line with CBN/NDIC/KYC compliance requirements.

Customer's Signature: _____ Date: ___/___/___

For Official Use Only (Bank Staff):

ISSUING OFFICER

Name of Staff:	
Date/ Sign:	
Card Number (Last 4 digits):	
Verification Done:	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVING OFFICER

Officer Name:	
Signature & Stamp:	