

Date:...../...../.....

To,  
The Head,  
Card Department,  
Kumari Bank Limited,  
Putalisadak, Kathmandu,  
Nepal

Subject: Request for Service

Dear Sir/Madam,

I am one of your credit card holders at .....Branch. Please find the details below for your perusal.

Card Holder's Name: .....

Account No.

Card No.

I request you to:

Block my card

Unblock my card

Block my card and issue a new one

Close my card

E-com Enable

E-com Disable

PIN regeneration

Decrease Limit to .....

Please sign inside the box.

Signature of Principal Applicant

Signature of Supplementary Applicant

**FOR OFFICIAL USE ONLY**

Signature Verified By: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Card Department**

Remarks:

CMS Amendment By: .....

Date: .....

CMS Authorised By: .....

Date: .....