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
- ☐ Block my card and issue a new one
- ☐ E-com Enable
- ☐ PIN regeneration
- ☐ Unblock my card
- ☐ Close my card
- ☐ E-com Disable
- ☐ 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: .....