

SERVICE REQUEST FOR DEBIT CARD HOLDER

Name (as in NRIC / Passport*): _____
(Dr/Mr/Miss/Mrs/Mdm*)

NRIC/Passport No.* _____

Debit Card Number: _____

DEBIT CARD REPLACEMENT

Reason for card replacement (Please check the box)

- Lost Card. Police Report - Yes / No *
- Faulty / Damaged Card
- Freeze / Unfreeze Card. Reason : _____

LINK / DELINK ACCOUNT (Please check the box for your account)

- Link _____ Link _____
(Primary Account) (Secondary Account)
- De-Link _____ De-Link _____
(Primary Account) (Secondary Account)

OVERSEAS USAGE OF MAGNETIC STRIPE AND ATM CASH WITHDRAWAL

- Enable overseas usage. From _____(DD/MM/YYYY) to _____(DD/MM/YYYY)#
- Disable overseas. Effective _____ (DD/MM/YYYY)

Please leave blank if you wish to enable your card perpetually for overseas use.

CHANGE TRANSACTION NOTIFICATION SETTING (Please check the box)

- Enable notification (In-store and online transactions / Overseas ATM withdrawals / Both) *
- Disable notification (In-store and online transactions / Overseas ATM withdrawals / Both) *

CARD ACTIVATION (Please check the box)

CARD REISSUANCE (Please check the box)

Partial activation

I would like to change to my virtual card to a physical card

Full activation

CARD CANCELLATION (Please check the box)

I would like to cancel my debit card

I make this solemn declaration conscientiously believing the same is correct and without prejudice to any party. I unconditionally agree to be bound by the HL Bank Debit Cardmember Agreement, which terms and conditions shall be applicable to this application. I confirm and agree that if this application has been sent by email, the Bank is authorised to rely and act upon on the emailed copy without the original.

Cardholder's Signature and Date