

PLEASE PROCESS THE FOLLOWING FOR THE CASH CARD INDICATED BELOW:

GENERAL INFORMATION												
CASH CARD NO.												
CARDHOLDER NAME	LAST NAME			FIRST NAME				MIDDLE NAME				
COMPANY NAME												

CHANGE OF CARDHOLDER INFORMATION						
CARDHOLDER NAME	LAST NAME		FIRST NAME		MIDDLE NAME	
PRESENT ADDRESS						
PERMANENT ADDRESS						
CONTACT DETAILS						
MOBILE NUMBER						
EMAIL ADDRESS						
CIVIL STATUS	() single () married () divorced () separated () widowed					
VALID ID PRESENTED AND DETAILS (Number and Validity Date)	TYPE OF ID		ID NUMBER		EXPIRY DATE	

OTHER SPECIAL INSTRUCTIONS	
<input type="checkbox"/> Replacement of Lost/Captured Cash Card (Please fill out and sign the Declaration of Loss at the bottom of this document)	<input type="checkbox"/> Others, please specify _____ _____

(Cardholder Signature Over Printed Name)		(Date)
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DECLARATION OF LOSS (For Lost/Captured Cards)	
I, _____, declare that:	
1. I am the holder of Cash Card number _____ 2. That the said Cash Card was lost and could not be found despite diligent search 3. That this declaration is being made for the purpose of requesting PBCOM to cancel the said Cash Card and request for a new one 4. That I agree to hold PBCOM free and harmless from any and all costs, loss or damage of every kind and character which may incur by reason of said cancellation of lost Cash Card.	
(Signature Over Printed Name)	(Date)

VER062020

FOR BANK USE ONLY			
BRANCH		DATE	
RECEIVED BY:	VERIFIED BY:		
(Signature Over Printed Name)	(Signature Over Printed Name)		
Date:	Date:		