

CIMB ATM Card Service Request Form

Please use BLOCK letters and tick the boxes where applicable. Please allow 5 business days from the receipt of your request for your updated Bank records to take effect.

Please mail the completed form to:

CIMB Bank Berhad, Account Services

Robinson Road, P.O. Box 0088, Singapore 900138

About Myself

Name as per NRIC/Passport:

NRIC/Passport No.:

Please mail my CIMB ATM Card and PIN Mailer (if applicable) to:

Postal Code:

Upon approval of your application, your ATM Card and PIN Mailer will be mailed separately to your address in our records.

New ATM Card Application (Not applicable for Joint-AND application)

Daily ATM Withdrawal Limit S\$1,000 S\$2,000 S\$3,000 (Default) S\$5,000 S\$10,000

Account(s) to be Linked:

Default Account*: _____

*Default Account is used for transactions without account selection, e.g. ATM Fast Cash. Please note that a S\$10 fee is chargeable for linking to your CIMB FastSaver or FastSaver-i accounts.

Others: _____

Requests/Changes On Existing ATM Card

Activate New ATM Card (Last 6 digits):

Replacement of ATM Card

Reason for replacement of ATM Card: Lost/Stolen Card Faulty Forgotten PIN

Others (Please specify): _____

ATM Card No. (Last 6 digits):

Linking of Account No.* (Not applicable for Joint-AND application):

*Please note that a S\$10 fee is chargeable for linking to your CIMB FastSaver or FastSaver-i accounts.

Delinking of Account No.:

Termination of ATM Card

Change of Daily ATM Withdrawal Limit: S\$1,000 S\$2,000 S\$3,000 (Default) S\$5,000 S\$10,000

Activate ATM Card for overseas usage

From: DD/MM/YYYY To: DD/MM/YYYY

Country to Travel:

Dispute of ATM Card Transactions/Others

Incident Date: Time: Affected Account No.: Amount:

ATM Location: Description of Incident(s):

Declaration

I have read, understood and retained a copy of the Terms and Conditions Governing Electronic Banking Services, E-Statements and E-Alerts, and any other terms and conditions relating to the Bank's products or services (all as may be amended from time to time) and agree to be bound by them.

Signature of Account Holder

Date (DD/MM/YYYY):

CIMB ATM Card And PIN Mailer Acknowledgement (Applicable for walk-in customers only)

I hereby acknowledge receipt of CIMB ATM Card and PIN Mailer Serial No.:

Signature of Account Holder

Date (DD/MM/YYYY):

FOR BANK USE ONLY					
Branch: <input type="checkbox"/> Orchard <input type="checkbox"/> Raffles Place <input type="checkbox"/> Mail-in					
ATM Card No.:		PIN Mailer Serial No.:		CIF Update:	
Input By:	Checked By:	Input By:	Checked By:	Input By:	Checked By:
Date:	Date:	Date:	Date:	Date:	Date: