



Simply Possible

CUSTOMER INSTRUCTION FORM

Surname: I.D. No:

First Name: Account No:

I/We wish to: - (Tick where applicable)

Close my Account	<input type="checkbox"/>	Card Replacement	<input type="checkbox"/>
Report Lost Card	<input type="checkbox"/>	PIN Replacement	<input type="checkbox"/>
Request bank Statement	<input type="checkbox"/>	Confer a Special Power	<input type="checkbox"/>
Request for Account Restriction	<input type="checkbox"/>	Personal/ Corporate Loan Application fee	<input type="checkbox"/>
Request for Restriction Removal	<input type="checkbox"/>	Pay Loan Installment	<input type="checkbox"/>
Account Maintenance Fee	<input type="checkbox"/>	Renew my Damaged Card	<input type="checkbox"/>

DECLARATION BY CLIENT:

I mandate the bank to debit my account with charges associated with this given instruction.

Signature..... DATE.....

OFFICIAL USE

Date instruction received...../...../.....Received by.....

Processed by..... Date instruction processed...../...../.....

