

## AMENDMENTS TO CARD

Deactivate/Cancel/Stop Renewal/Early Renewal

| This form can be filled in on a computer; alternatively please print and con                             | plete fields in CAPITAL letters using black ink and tick ( < ) where appropriate. |  |  |  |
|--|---|--|--|--|
| Can you please specify if the amendments is for: Fleetman Credit Card Debit or Credit Card Prepaid Card? |   |  |  |  |
| 1. What are your customer details?   |   |  |  |  |
| Customer<br>Name:  |   |  |  |  |
| Customer Reference Number:   |   |  |  |  |
| National ID: OR Passport Number:   |   |  |  |  |
| 2. What are your card details?   |   |  |  |  |
| Card Number:   |   |  |  |  |
| 3. What amendment(s) do you want to bring to your card?  |   |  |  |  |
| Cancel Card  |   |  |  |  |
| Closure of my account with MCB   | Not agreeable to pay annual fee   |  |  |  |
| Use of cards of other banks  | Unsatisfied with the bank's service   |  |  |  |
| Not using the card   | Other, please specify:  |  |  |  |
| Deactivate card  |   |  |  |  |
| Reason:  |   |  |  |  |
| Request Early and Immediate Renewal of Card  |   |  |  |  |
| Expiry Date: (mm/yy)   |   |  |  |  |
| Stop Future Renewal of Card  |   |  |  |  |
| Expiry Date: (mm/yy)   |   |  |  |  |
| APPLICABLE TO CANCELLATION OF PREPAID CARDS ONLY   |   |  |  |  |
| To which account do you want to transfer your available balance?   |   |  |  |  |
| Current/Savings Account Number: 0 0 0  |   |  |  |  |
| Prepaid Card Account Number:  Another prepaid card   |   |  |  |  |
| You confirm that you have read and agree to the Terms and Conditions herewith.                           |   |  |  |  |
| Signature:   | Signature:  If more than  |  |  |  |
|  | one signature<br>needed   |  |  |  |
| Name:  | Name:   |  |  |  |
| Date: / / (dd/r  | nm/yyyy)  |  |  |  |

| FOR BANK USE ONLY |                |                 |                  |  |
|-------------------|----------------|-----------------|------------------|--|
| Reference Number: |                |                 |                  |  |
| Card Number:      | * * * * * * *  |                 |                  |  |
| Card status:      |                | Reason:         |                  |  |
| Remarks:          |                |                 |                  |  |
| Processed By:     |                | Verified By:    |                  |  |
| Signature:        |                | Signature:      |                  |  |
| Signature Code:   |                | Signature Code: |                  |  |
| Date: /           | / (dd/mm/yyyy) | Date:           | / / (dd/mm/yyyy) |  |

## TERMS AND CONDITIONS

You authorise us to debit your above mentioned account with the relative fees/any outstanding balance.

Fees and Charges are available on https://www.mcb.mu/en/rates-and-fees/