



## AMENDMENT(S) TO CREDIT CARD(S)

Change in Credit Limit(s)/Repayment Period

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick ( ✓ ) where appropriate.

### 1. What are your customer details?

**APPLICABLE FOR INDIVIDUAL ONLY**

Name:

National ID:  **OR** Passport Number:

**APPLICABLE FOR NON-INDIVIDUAL ONLY**

Legal Entity Name:

Business Registration Number (BRN):

### 2. What amendment(s) do you want to bring to your credit card(s)?

1.	Card Number(s) <small>First and last four digits are required</small>	Expiry Date(s) <small>(mm/yy)</small>	Credit Card Account Number(s)	Credit Limit	
				Actual	New
	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want the amendment to be on a permanent or temporary basis?

Permanent basis      Temporary basis

If on a 'temporary basis', please specify the period (maximum of 3 months):

As from Date:  /  /      To Date:  /  /

(dd/mm/yyyy)     (dd/mm/yyyy)

Reason:

How much do you want to repay for each month?

5%     
  10%     
  15%     
  20%     
  25%     
  50%     
  Full amount

For Non-Individual Entity, full amount is defaulted automatically.

On which date of the month do you want the repayment to be effected?

28<sup>th</sup>     
  29<sup>th</sup>     
  30<sup>th</sup>

For Non-Individual Entity, the last day of the month is defaulted automatically.

Initials: \_\_\_\_\_

**You confirm that you have read and agree to be bound by the Terms & Conditions herewith.**

Non-Individual entity- Signature as per Acts and Deeds



Signature:

Signature:

If more than one signature needed

Name:

Name:

Date:

 /  /  (dd/mm/yyyy)

**FOR BANK USE ONLY**

**TO BE COMPLETED BY FRONT LINER**

Customer Reference Number:

**TO BE COMPLETED BY CREDIT ANALYST TEAM**

Credit Limit:

FOS ref:

Reason:

Approved  Rejected

Name:

Signature:

Signature Code:

Date:  /  /  (dd/mm/yyyy)

**TERMS AND CONDITIONS**

1. In line with Bank of Mauritius guidelines, you understand and acknowledge that The Mauritius Commercial Bank Ltd shall access and query the Mauritius Credit Information Bureau (MCIB) to obtain information on credit facilities provided to you.