

Please print, sign and submit form to a branch. Electronic signatures are not accepted.

INTERNATIONAL DEBIT CARD

(One application per account)

Daily Withdrawal and Purchase Limit Increase Application

| Branch | Date | | |
|---|---------------|--|--|
| | | | |
| I/We wish to amend my/our daily withdrawal limit and purchase limit and give below my/ our details to enable you to process this request. | | | |
| Full Name (Mr/Mrs/Miss) | | | |
| CIF Number | | | |
| Card Number (last 8 digits) | | | |
| Account Number | | | |
| Home Tel. | Office Tel. | | |
| nome ret. | Jince ret. | | |
| Mobile Tel. | | | |
| | | | |
| New Limits: | | | |
| Daily Withdrawal Limit: (maximum EC\$ 5,000) | | | |
| Period: from DD/N | to DD/MM/YYYY | | |
| Permanent: | | | |
| Daily Purchase Limit: (maximum EC\$ 25,000) | | | |
| Period: from DD/N | to DD/MM/YYYY | | |
| Permanent: | | | |
| NOTE: Please write initials on each page | in this box. | | |

Customer Declaration

I/We hereby certify that the above information is true, correct and complete and it is provided for the purpose of amending my/our debit card withdrawal and purchase limits.

I/We agree to the terms and conditions of the Debit Card Agreement. In the event that the withdrawal and purchase limits as detailed in the Debit Card Agreement and this Agreement conflict, the limit in this agreement will supersede. All other terms and conditions of the Debit Card Agreement remain in force. I/ We confirm that I/we have read and understood the terms and conditions governing the issues and use of Debit/ATM Cards. I/We agree to abide by them and subsequent amendments, variations or changes thereto which may at any time be made by the Bank.

I/We understand that high withdrawal and purchase limits entail higher risk/losses if the card is lost or stolen. Liability for fraudulent withdrawals will be the cardholders' responsibility in accordance with the Debit Card Agreement as may by varied from time to time.

The changes to withdrawal and purchase limits apply to all cards issued on my/our account.

Yours faithfully,

| Sig | nature 1 | Date |
|---|---------------|---------------------|
| | | |
| Sig | nature 2 | Date |
| | | DD/MM/YYYY |
| Sig | nature 3 | Date |
| | | |
| Sig | nature 4 | Date |
| | | |
| | | |
| NOTE: Please write initials on each page in this box. | | |
| | | |
| Ĭ | VERIFIED BY | DATE |
| NK USE ONLY | VERIFIED DI | D D / M M / Y Y Y Y |
| SO) | AUTHORISED BY | DATE |
| ž | | |



Tel: (767) 255 2300 customersupport@nbd.dm www.nbdominica.com