



# CARD REPLACEMENT FORM

BRANCH:	REQUEST DATE:
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**CLIENT INFORMATION**

NAME OF CLIENT (LAST, FIRST, MIDDLE):

ADDRESS:

DATE OF BIRTH:	TELEPHONE/MOBILE NUMBER:	EMAIL ADDRESS:
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**REQUEST DETAILS**

ACCOUNT NUMBER:	ACCOUNT NAME:	CARD NUMBER FOR REPLACEMENT:
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**REASON FOR REPLACEMENT:**

**Lost**                       **Captured**                       **Upgrade to MasterCard**                       **Others**  
 **Stolen**                      Place: \_\_\_\_\_                       **Forgot PIN**                      (Pls. specify) \_\_\_\_\_  
 **Damaged/Mutilated**                      Time: \_\_\_\_\_                       **Change of Name to:** \_\_\_\_\_

**CUSTOMERS ACKNOWLEDGEMENT**

I hereby affirm that the foregoing facts and information as stated by me in this application are true and correct. I hereby bind myself to immediately surrender my Card which has been reported as lost in the event that the same is found. Transaction effected within 24-hours from the time I reported the loss shall be for my account.

That the money represented by the balance in the account is my/our personal property, and that I/we have made no assignment, transfer or pledge thereof or in any manner negotiated the same with other parties.

That I/we hereby hold Philippine National Bank free and harmless from any loss or damage that it may incur by reason of or in connection with the issuance of a new ATM Card/ Debit Card/ Cash Card.

I agree to **DEBIT MY ACCOUNT THE AMOUNT OF** \_\_\_\_\_ for the processing fees or for any service charge imposed for the replacement of a NEW ATM Card/ Debit Card/ Cash Card.

_____ PRINTED NAME / SIGNATURE OF CARDHOLDER		_____ DATE SIGNED
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**FOR PNB USE ONLY**

ID's PRESENTED:	PROCESSED BY / DATE:  _____ SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE VERIFIED BY / DATE:  _____ SIGNATURE OVER PRINTED NAME/ DATE	APPROVED BY / DATE:  _____ SIGNATURE OVER PRINTED NAME/ DATE
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**CARD AND PIN CONFIRMATION**

NEW CARD NUMBER:  _____	CARD ISSUED BY / DATE:  _____ SIGNATURE OVER PRINTED NAME / DATE	PIN ISSUED BY / DATE:  _____ SIGNATURE OVER PRINTED NAME / DATE
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**CARD AND PIN RECEIVED BY:**

_____ PRINTED NAME / SIGNATURE OF CARDHOLDER		_____ DATE SIGNED
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**DEPOSITOR'S SPECIAL INSTRUCTIONS  
PASSBOOK/CTD/ATM CARD & PIN MAILER/  
CHECKBOOKLET DISPOSITION**

TO : PNB \_\_\_\_\_ BRANCH  
( Name of Domestic Branch of Account)

THRU : PNB LOS ANGELES/PNB NEW YORK

PLEASE INDICATE IF SENT DIRECTLY TO THE PNB  
DOMESTIC BRANCH OF ACCOUNT

PLEASE FOLLOW INSTRUCTION/S MARKED [ X ] BELOW:

[ ] FORWARD MY/OUR:

[ ] PASSBOOK

[ ] ATM CARD/PIN MAILER

[ ] CHEKBOOKLET

[ ] TO : \_\_\_\_\_

RESIDING AT : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NO. : \_\_\_\_\_

EMAIL : \_\_\_\_\_

[ ] HOLD PASSBOOK/CTD/ATM CARD & PIN/CHEKBOOKLET FOR PICK UP  
BY \_\_\_\_\_ AT YOUR BRANCH

[ ] OTHER INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ID PRESENTED AND DETAILS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DEPOSITOR'S SIGNATURE

\_\_\_\_\_  
DEPOSITOR'S PRINTED NAME

# AUTHORIZATION LETTER

I, \_\_\_\_\_ of legal age, \_\_\_\_\_, and with  
(Name of Account Holder) (Citizenship)  
address at \_\_\_\_\_,  
do hereby, name, constitute and appoint, my \_\_\_\_\_,  
(Relation to the Account Holder)  
\_\_\_\_\_, of legal age, Filipino, with residence at  
(Name of Representative)  
\_\_\_\_\_,  
to be my true and lawful authorized representative to receive or claim my EMV Card  
and PIN with Philippine National Bank (“PNB”) and to have the same activated with the  
PNB Branch.

I hereby absolutely and unconditionally forever discharge and expressly relieve  
and hold PNB, its stockholders, directors, officers and employees free and harmless  
from any and all claims, responsibilities, liabilities, compensations or damages which  
may have arisen or arise resulting from or in connection with the EMV Card and this  
Authorization.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date



1. PLACE AN "X" MARK ON THE BOX PROVIDED FOR THE INFORMATION YOU WISH TO UPDATE. OTHERWISE EXISTING INFORMATION WILL NOT BE CHANGED.
2. PLEASE **PRINT** ALL INFORMATION AND PROVIDE SPACE IF NEEDED.
3. PLEASE INFORM THE BANK FOR ANY CHANGES IMMEDIATELY.

DATE --  
MM DD YYYY

**Full Name**Last Name First Name Middle Name Date of Birth --  
MM DD YYYY**For Bank Use Only**Customer ID No.  **Present Address** **Permanent Address**Number/  
Street Barangay/  
Subdivision City/  
Municipality Province/  
State Country Zip Code  Years of Residence  **Contact Information**Telephone  
Number --  
Country Code Area CodeMobile  
Number --  
Country Code Network CodeE-Mail  Other Social Media Account (e.g. Facebook, Twitter etc.)  **Employer Information****Employer Name / Business Name****Profession or Nature of Business / Position (if applicable)****Employer / Business Address**Number/  
Street Barangay/  
Subdivision City/  
Municipality Province/  
State Country Zip Code **Employer's Contact Information**Telephone  
Number --  
Country Code Area CodeE-Mail  **Source of Funds** **Valid ID** Driver's License  Passport  Others (pls. Specify) ID Number ID Expiry Date --  
MM DD YYYY **Customer Agreement**

By signing this form, I declare the information provided above to be true and correct. I allow PNB to verify said information and update my records accordingly.

I acknowledge that I have the right to access all information provided, to dispute any error or insufficiency thereto, and to have the error or insufficiency amended or rectified.

Signature Over Printed Name

Date

**For Bank Use Only**

Maintenance Processed By:

CWS Validated &amp; Signature Authenticated By:

Maintenance Approved By:

Signature Over Printed Name / Date

Signature Over Printed Name / Date

Signature Over Printed Name / Date