Branch: ____________________

alBaraka

ATM CARD APPLICATION

APPLICANT

Title of Account:

ATM Card No.

Type of Account: ☐ Individual ☐ Sole Proprietorship ☐ Joint ☐ Other: ____________________

APPLICATION FOR

☐ New ATM Card ☐ Supplementary ATM Card ☐ Replacement ATM Card

ACCOUNT FOR ATM OPERATIONS

Current Account

Savings Account

NAME ON THE ATM CARD

ADDRESS / CONTACT FOR ALL COMMUNICATION

Address:

Telephone:

Fax :

Mobile :

E-mail :

UNDERTAKING / AUTHORISATION

- I/we apply for an ATM Card facility from Albaraka Islamic Bank and agree to abide by all applicable terms and conditions as stated overleaf (which have been read and understood) and as amended / determined by Albaraka Islamic Bank from time to time.
- I/we confirm that the information submitted above is true and complete to the best of my/our knowledge and understanding.
- I/we authorise the bank to Debit/charge my/our accountwith any amount withdrawby me/us from its designated ATM machinesalong with any charges applicable thereon, without reference to me/us.
- I/we apply for a replacement Card due to loss/theft/damage/Pin forgotten and I/we hold the bank harmless for any misuse of the lost / stolen / damaged ATM Card.

Original ATM Card No.

_ _ _ _ – _ _ _ _ – _ _ _ _ – _ _ _ _

Signature of the Accountholder(s)

CUSTOMER ACKNOWLEDGMENT

I/we confirm receiving my / our ATM Card & Pin code as per above details.

Authorised Signature (s)

FOR BRANCH USE	INITIALS
Data Received :	
Application checked : ☐ Yes ☐ No	
Signature (s) Verified : ☐ Yes ☐ No	
Hold Mail Status : ☐ Yes ☐ No	
Daily Withdrawl Limit :	
Data Sent to Card Centre :	
Approved by	

FOR USE BY CARD CENTRE	INITIALS
Data Received :	
Application Checked : ☐ Yes ☐ No	
Card Issued : ☐ Yes ☐ No	
Expiry :	
PIN Sent to : ☐ Br. / Cust. Date:	
Card Sent to : ☐ Br. / Cust. Date:	
Approved by	