

VISA CARD TRAVEL NOTICE

INDIVIDUAL CUSTOMER

Date: DD/MM/YYYY

Type of Card: ☐ CLASSIC ☐ ELECTRON ☐ GOLD ☐ PLATINUM

Customer First Name:

Middle Name (Optional).....

Customer Last Name:

ACCOUNT NUMBER:

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VISA CARD NUMBER

First 6 Digits (Indicated on the face of the card): Last 4 Digits (Indicated on the face of the card)

						X	X	X	X	X	X				
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Customer Mailing Address:

Customer Telephone:Date of Request:.....

I authorize/ certify that my card should be allowed for international transactions temporarily to the above stated instruction from: DD/MM/YYYY to DD/MM/YYYY.

Reason for request:

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I realize that this is a temporary measure which will be reverted after the duration stated above. I indemnify the Bank against any loss/breaches due to this request.

OFFICIAL USE ONLY:

Branch Staff Name: Full Name:

.....

SignatureDate.....

BSSM/BOS Name.....

SignatureDate.....

E- Banking Officer Name:

.....

SignatureDate.....

This request was completed by Card Operations Officer
(Name)at (Time)

SignatureDate.....