



# Card/E-Banking Related Request Form

Sagamu Microfinance Bank Ltd

Please tick the service you require:

- Cash Retract  
  PIN Re-Issuance  
  NIP Retract  
  Re-Issue (Please specify type)
- Visa  
  Verve  
  Explorer  
  Credit Card

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

### For Cash/Card Retract Only

Retract Date: \_\_\_\_\_

On Which Bank's ATM/Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Amount Retracted (₦): \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Verified By (Name/ Signature)

\_\_\_\_\_  
Approved By (Name/Signature)



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