

Card/E-Banking Rela	ated Request Form	Sagamu Microfinance Bank Ltd
Please tick the service you	equire:	
Cash Retract PIN Re	e-Issuance NIP Retract Re-Iss	sue (Please specify type) sa
Date:		
Address:		
Account Number:		<u></u>
For Cash/Card Retract Only		
Retract Date: Location:		Vhich Bank's ATM/Bank:unt Retracted (\frac{\top}{N}):
 Customer's Signature	Verified By (Name/ Signature)	Approved By (Name/Signature)
Card/E-Banking Rela	ated Request Form	Sagamu Microfinance Bank Ltd
Please tick the service you		Sugama Micromidinee Bulk Eta
_ `	e-Issuance NIP Retract Re-Is	ssue (Please specify type)
	□vi	sa □Verve □Explorer □Credit Card
Date:		

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Please tick the service you r	equire:	
☐ Cash Retract ☐ PIN R	e-Issuance NIP Retract Re	-Issue (Please specify type)
		Visa □Verve □Explorer □Credit Card
Date:		
Name:		
Address:		
Phone:		
E-mail Address:		
Account Number:		
Card Number:		<u> </u>
For Cash/Card Retract Only		
Retract Date:	Or	Which Bank's ATM/Bank:
Location:	An	nount Retracted (\(\frac{\H}{\Display}\):
 Customer's Signature	Verified By (Name/ Signature)	Approved By (Name/Signature)