

Application form for INTERNATIONAL DEBIT CARD

I wish to apply for Intern	ational Debit Card.	Name	of the Branch
My/Our Account Type	Account Number	er	
I have an Debit card no. (leave b	plank if not applicable)		issued to me.
I/We authorize Bank of Ba	equired mandate to operate the ac aroda Uganda Limited to issue a l illy and irrevocably authorize you	Debit cum ATM card to	
The particulars are as under :			
1. Name			
Date of Birth	irth Gender: Male Female		
Name as required on card			
(Not to exceed 20 characters) (No Nicknames) (Please leave one blank space in between each name)			
2. Residential Address			
City		Pin co	de
3. Office Address			
5-100/H			
City		Pin co	de
Tel. No (O)		(R)	
Mobile No.		E-Mail	
DECLARATION/DEBIT CARD UNDERTAKING			
bound by the said terms and conditions at that i am the sole account holder or have age. I/We understand that upon issue of I I/we understand and undertake that the failure to do so, I/We will be liable for a	nd to any changes made therein from time e the required mandate to operate the acco Debit Card to me/us. usage of the Debit Card shall be strictly i	to time by the Bank at its sole ount linked to the Debit Card in accordance with the Excha	g the usage of the Debit Card. I/We accept to be discretion without any notice to me/us. I confirm singly and that I/We have completed 18 years or unge Control regulations and in the event of any a Uganda limited in respect thereto.
(Applicant's Signature) (Other Account Holder/s Signature) (In case of joint account holders, all account holders shall put their signatures)			
Date : Branch Code :			
For use in Branch	Name of the	Officer	Signature
Signature verified by (in CBS and back of card)			
Eligibility verified by			