

Ref: _____



NBS Bank
Your Caring Bank

EazyBank Card Application Form

Branch: _____

Date: _____

Application: New

EazyBank Classic

EazyBank Gold

EazyBank Plus

EazyBank Gold Plus

Surname	First Name	Second Name	<input type="checkbox"/>
Name:			
Mr/Mrs/Ms/Dr/Rev/Prof/Hon/Sr. (Indicate in the box above)			
Address:			
ID /PP No.			

Please link the following:

Account Type	Account Number	Account Name

I have read and agree to abide by the terms and conditions handed over to me.

Customer Signature: _____

Checked By: _____
(Supervisor)

Authorising Signature: _____
(Manager/Operations Manager)

Card Collection

Card Received : Yes: PIN Received Yes:

Date of Collection : _____ Card No. _____

Issuing Officer : _____

Signature: _____

Customer Signature: _____

ATM a.