



**C: CUSTOMER DECLARATION AND SIGNATURE**

• I/We, the undersigned, request ABC Banking Corporation Ltd to issue to me/us with a:

UnionPay Debit Card       MasterCard Debit Card

• I/We confirm the information given above is complete and true.

• I/We confirm that I/We have read the ABC Banking Debit Card terms and conditions and unconditionally agree to be bound thereby.

Date .....

.....  
Signature of Primary Cardholder

.....  
Signature of Secondary Cardholder



**Office Use Only**

We confirm that:

Customer is KYC compliant

Correspondence Address:  Confirmed  Change requested

Client Type:  Individual  Group Staff  Bank Staff  International Banking

Input by	Signature	Date
.....	.....	.....

Verified by	Signature	Date
.....	.....	.....

Processed by	Signature	Date
.....	.....	.....

Approved by	Signature	Date
.....	.....	.....

**Service Unit Seal**