

# CARD APPLICATION/MAINTENANCE FORM



Level 9, Kina Bank Haus  
Douglas Street PO Box 1141  
Port Moresby NCD 121  
PAPUA NEW GUINEA

Request type:  New Card Application (complete section 1 & 3)  
 Stop Card Notice (complete section 1, 2 & 3)  
 Amend details (complete section 1 & 3)

Card Type:  Kina Venture Debit Card

## SECTION 1 CUSTOMER INFORMATION (reason for card request)

New  Replacement  Damaged  Change of Address  Reset PIN  Amendment

Enable Transaction Alerts:  WhatsApp  SMS

Branch:

(Branch where the new card application is lodged)

(Name of branch where customer wishes to collect card from)

### Customer Name

Title: First Name(s):

Surname:

Mobile Number(s):

Email address:

Work Number:

Postal address:

### Customer Account Details

Nominated Primary Account

Nominated Secondary Account (if applicable)

Nominated Account #:

Nominated Account #:

Account Type:  Kina Business Account (SME)

Account Type:  Kina Business Account (SME)

## SECTION 2 STOP NOTICE

Reporting mode:  In branch  Phone call  Online  Email

Reason for request:

Lost/Stolen  Expired Card  Forgotten/Compromised PIN  Retained Card  Damaged Card  
 Cancel Facility  To Add/Update Account stated above  Card has been replaced

Details of last use of card:

Amount withdrawn:

Date:

Time:

Location:

Others (please specify):

Please issue a new card:  Yes  No

## SECTION 3 AUTHORISATION

- I/we authorise Kina Bank to act in accordance with the instruction(s) set out in this document. I/we acknowledge that Kina Bank is not obliged to approve the instruction(s) set out herein.
- I agree to be bound by the banks Cards Conditions of Use. A Copy of the Terms and Conditions is available on our website at [www.kinabank.com.pg](http://www.kinabank.com.pg)
- I declare that all information in this document is true and correct.

Applicant Signature 1:

Applicant Signature 2:

Date:

Date:

Note: N/A if reported via phone, email or online. Action officer to complete & certify action below.

**BANK USE ONLY** For issuing of new card

Card embossing details - This must be the same as, or a shortened form of the customer's name on Way 4.

Embossing Name:

**Note:** The name printed on the Visa Credit Card should not be longer than 19 characters long.

Card Number:

X  X  X  X  X X

**Note:** The first 6 digits and the last 4 digit to be in the clear. The rest of the number must be masked.  
E.g. 5076478xxxxxx3958.

Date verified:

Action Officer:

Checking Officer:

Card collected by Customer

Applicant 1  
Signature:

Date:

Applicant 2  
Signature:

Date:

Card issued by:

Signature:

Date: