



AMENDMENT TO MCB SEYCHELLES CARDS

Date:  /  /  (dd/mm/yyyy)

The Manager  
The Mauritius Commercial Bank (Seychelles) Ltd.

Branch: \_\_\_\_\_

Dear Sir/Madam,

Please tick (✓) as appropriate or \* delete as applicable

**CARD PRODUCT**

Visa Classic       Visa Gold       Visa Business Card       Visa Debit       Visa Platinum

**CREDIT CARD/OPERATING ACCOUNT**

**CIR**

**CARD NUMBERS**

X X X X X X X X

X X X X X X X X

X X X X X X X X

X X X X X X X X

I/We\* refer to the above-mentioned credit card account/card/s. Kindly consider the following request:

**Personal Identification Number (PIN)**

I/We\* have forgotten the PIN associated with my/our\* card/s\*. Kindly issue me/us with a new PIN. I/we authorise you to debit my/our\* account with the corresponding service fees.

**Stop Payment**

Kindly issue a stop payment against my/our\* card/s\*.

Reason:  Lost       Stolen       Other (Please specify) \_\_\_\_\_

Reference Number:

**Damaged cards**

Kindly issue a new card/new cards\* to replace the damaged one/s\* which is/are\* being handed over to you. I/We\* hereby authorise you to debit my/our\* account with the corresponding fees.

**Cancellation of Card**

Kindly close/cancel\* my/our\*:  credit card account       card/s\*

Reason:  Closure of my bank account with MCB Seychelles       Not agreeable with fees charged  
 Use of cards issued by other bank/s       Unsatisfied with the bank's service  
 Unused card       Other (please specify) \_\_\_\_\_

**Force Renewal**

Please renew my/our\* card/s\* before its/their\* expiry date.

Card Expiry Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**Card - Change of Name**

Please change the name to appear on the card/s\* as follows:

Former

\_\_\_\_\_

New

\_\_\_\_\_

To replace at expiry date

Immediate replacement

**Link of Account - Visa Debit Card only**

Please change the link of account to my/our\* Visa Debit card as follows:

Primary Account

Type of account

Savings Account No:

\_\_\_\_\_

Current Account No:

\_\_\_\_\_

**\*\* Credit Cards Payment**

Kindly effect repayment of balance due on credit card account as follows:

Payment amount:

5%

10%

15%

20%

25%

50%

Full amount.

Kindly debit my/our \_\_\_\_\_ for the repayment of any balance due on the credit card account as at next statement date, be effected by the debit of my/our\* Current/Savings\* account \_\_\_\_\_

**\*\* Credit Cards Limit**

Please amend the credit limit of the Credit card account from SCR \_\_\_\_\_ to SCR \_\_\_\_\_ on a  permanent basis  temporary basis up to \_\_\_\_\_ (date).

Reason: \_\_\_\_\_

**Collecting Branch**

Please send my/our\* card/s\* to the \_\_\_\_\_ branch for collection.

**DECLARATIONS**

Please note that:

- Not all merchants that sell goods or services over the Internet will be registered for the MCB Secure Service. You will know whether or not a merchant is participating in the Service through the Verified By Visa Logo (for Visa Cardholders) on the merchant's site
- After registration, a user identification number will be sent to you by SMS and same will be applicable to all your cards. Upon inserting your User Identification number, a One-Time-Password (OTP) will be sent via your mobile number. You can click on 'resend message to Mobile' or 'resend message by E-mail' for the OTP to be resent
- Each OTP is valid for 5 minutes only

By completing this form, all your MCB Visa debit and credit cards will be registered for the service.

**CUSTOMER DECLARATIONS**

I confirm that the above information is true and I agree to be responsible for all online transactions made through my Cards. I authorise The Mauritius Commercial Bank (Seychelles) Ltd to make any necessary queries deemed in connection with this application. I acknowledge having read and agreed to all Terms & Conditions a copy of which has been

provided to me. I undertake to abide thereto.

Thank you for initiating the appropriate action accordingly.

Yours faithfully,

(S) \_\_\_\_\_

(S) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**FOR BANK USE ONLY**

\*\* Approval required as per Credit Delegation

**Branch**

Verified by (s): \_\_\_\_\_

Approved by (s): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Cards/Retail BU**

Processed by (s): \_\_\_\_\_

Verified by (s): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_