

EQUITY Bank The Listening, Caring LOST /STOLEN CARD REPORT FORM LOST /STOLEN CARD REPORT FORM

Log No:	Date	Time reported to Card Centre
-		-
To: Equity Bank Limited Card Centre		
1		
I/We		hereby advise the loss of my/our ATM Card
	(Name in full)	
Account Number		Name and address of the person reporting other than the
		card holder?
Lost Stol	en Other	Relation to cardholder
Cardholders Name		Branch
Home Address:		Postal Address:
Home Address:		Postal Address:
City	Country	Card last Used Date Amount
City	Country	Card last Oscu Date Amount
Home Tel. Number	Mobile No:	Estimated Balance of the Account
Card Number		Circumstances of loss or theft
Is the card linked to the ATM?		Emergency Replacement Card/Activation
		Yes No
List of other cards or documents that were lost or stolen		
INV. will and investor and a supplied of supplied and a last and a		
I/We will continue to make every effort to find the lost card, which, if found, will be presented to the bank for cancellation.		
Signature of Card ho	lder	DateTime reported
Actioned by		Signature

EB 062