



FOSA DEPARTMENT

ATM REPLACEMENT FORM

NAME(S).....
FOSA A/C NO.....
ATM CARD NO.....
DATE.....

Kindly replace my ATM card for the following reasons;

1. Stolen.....
2. Misplaced.....
3. Faulty.....
4. Forgot pin **completely**
5. Other reasons (Given ATM decline reason).....

NB: Give reason/Decline reason and tick where appropriate.

Signature.....
ID No..... Mobile
No.....
Staff No.....

FOR OFFICIAL USE ONLY

Approved Declined

Comment
Fosa Supervisor
Signature Date.....
Fosa Manager.....
Signature Date.....

NB: These details are not to be fed into the ATM application program, they are to be emailed to co-op bank as an excel document by the staff in charge of the ATM Application