Request for Replacement Card

Member Details

Member Number

Member Number card is to debit

Name on card

Date / /

Card Details

Card Type

☐ Visa Credit Card ☐ Visa Debit Card ☐ Redicard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date / /

Reason for replacing card

☐ Lost ☐ ATM captured ☐ Compromised

☐ Stolen ☐ Card not received ☐ Change of Name

☐ Damaged ☐ PIN not received ☐ Early Renewal

Number of times this card has been replaced

☐ First time ☐ Second time ☐ More than 2

Inform the Member that there is a fee for second and subsequent replacement cards. Charge? ☐ Yes ☐ No

Card Activity

Date card last used / /

Transaction Amount $

Location

Circumstances of Loss / Theft of Card

Hotline reference number

Date of loss / theft / /

Time of loss / theft am / pm

How did loss / theft occur?

Where did loss / theft occur?

Was the card signed? Yes ☐ No ☐

Was a record of the PIN kept? Yes ☐ No ☐

If yes, where was it kept? With card ☐ Disguised ☐

Was the PIN disclosed? Yes ☐ No ☐

If yes, to whom?

Have police been informed? Yes ☐ No ☐

Date Notified

Police Station

Event No.

Officer Name

Replacement Card Delivery

Residential Address

Post ☐ Collect ☐

Mailing Address

Branch for collection

Member Signature

Cardholder signature

Date / /

Office Use Only

MSO Use Only - forward form to Account Access Services

Operator Number:

Transaction Services Use Only

Checked by:

Date / /

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