Form 3

Application for Accounts to be Linked to the MasterCard

I/We hereby request you to insert the undermentioned Account opened at ..... Branch in my NET Card issued by ..... Branch

Accounts Nos to Be Linked

Full Name:.....

Address :.....

NIC No

Existing Card NO.

Existing Account No.

....

Signature of Applicant/Applicants Date

Office use only

Attestation of the customer`s Signature

I certify that the above account/s is maintained by Mr/Mrs/Miss.....
At our branch and that signature has been verified with the mandate.

....

.....

Manager Branch Date

Manager,