Application for Re Activate the MasterCard- (Hot List Card)

I/We hereby request y	ou to re activ	ate card								
Name:										
Identity Card No:										
MasterCard No;										
Primary A/c				1						
			,			•••		 		
Customer's/Customers' Signature							Date			
Office use only Attestation of the cus I certify that the above	account/s is ma	aintained by								
Mr/Mrs/Miss At our branch and that						 *********				
Branch Manager		Brancl	h Seal			 I	Date		8	