

Application to Reset the ATM/POS Transaction Limits.

Manager, National Savings Bank,

Branch

Dear Sir / Madam,

I/We request you to enhance my/our daily Withdrawal Limit / Purchase Limit and give below my/our details to enable you to process the request.

1. Rev./Dr./Mr./Mrs./Miss. :
2. NIC/PP Number :
3. Account Number :
4. Card Number :
5. Telephone Number :

6. Daily Withdrawal Limit (Please Tick)

| | | | | |
|-----------|-------------|------------|------------|--|
| Rs.50,000 | Rs. 100,000 | Rs.150,000 | Rs.200,000 | |
|-----------|-------------|------------|------------|--|

7. Daily Purchase Limit (Please Tick)

| | | | |
|-----------|-------------|------------|--|
| Rs.50,000 | Rs. 150,000 | Rs.200,000 | |
|-----------|-------------|------------|--|

I/We hereby confirm that the information given above is true and correct. I/We further confirm that I/We have read and understood the terms and conditions governing the issue of Debit/ATM Cards. I/We hereby agree to abide by them and subsequent amendments, variations or changes thereto which may at any time be made by the Bank.

***Important**

Please note that cash withdrawal and Point of Sales (POS) purchase limits entail higher risks if the card is lost or stolen. Liability of any fraudulent withdrawals will be the cardholder's responsibility.

Yours faithfully,

| | | | |
|---------------------------|----------------------------|----------------------------|---|
| | | | |
| 1. Cardholder's Signature | 2. J/A. Holder's Signature | 3. J/A. Holder's Signature | Signatures Admitted Authorized Officer |

Date

FOR BANK USE ONLY

| | | |
|----------------|-------------|-------|
| | | |
| Branch Manager | Branch Seal | Date |