

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

Can you please specify if the amendment is for:  Fleetman Individual Debit Card  Fleetman Credit Card  
 Debit or Credit Card  Prepaid card?

### 1. What are your customer details?

Customer

 Name: 

 Customer Reference Number: 

 National ID: 

 OR Passport Number: 

### 2. What are your cards details?

Card Number(s)

First and last four digits are required

 1.  \* \* \* \*  \* \* \* \* 

 2.  \* \* \* \*  \* \* \* \* 

### 3. What amendment(s) do you want to bring to your card?

 Return damaged card

 Stop Payment

 Reason for  
stop payment: 

Do you want to replace your card?

Charges will apply

 Yes  No

 Collection Branch: 

Please specify Branch Name

OR

 MCB Business HUB: 

 Applicable for Business Banking Customer  
Port Louis- Beau Plan- Floreal- Rodrigues

You declare that the card has been lost or mislaid or stolen. You (jointly & severally) hereby undertake to indemnify the Bank against all judgements resulting from all actions that may be entered against the Bank or against any claims, demands or costs which the Bank might incur or be called upon to pay by reason of the said issue or by reason of the said lost or mislaid or stolen Card being at any time found or utilised or against all claims and demands which may be made in respect thereof by any person claiming to be the legal holder thereof or in any way interested therein.

You further undertake to return the said lost or mislaid or stolen Card should it be found by you or again come into your possession at any time hereafter.

### You confirm that you have read and agree to the Terms and Conditions herewith.

 Signature: 

 Signature: 

 If more than  
one signature  
needed

 Name: 

 Name: 

 Date:  /  /  (dd/mm/yyyy)

**FOR BANK USE ONLY**

Verified by:

Signature:

Signature Code:

Card Number:     \*  \*  \*  \*  \*

**APPLICABLE FOR STOP PAYMENT ONLY**

Stop List:  Yes  No

Stop List Reference Number:

**TERMS AND CONDITIONS**

1. You authorise us to debit your account with the relative fees.