

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.

Documents to be submitted: The damaged card

1. Who is the main Fleetman account holder?

Fleetman main Account Number:

Account in the name of:

Fleetman Card Number: * * * * *

2. What amendment(s) do you want to bring to your Fleetman card?

Return damaged card

Do you want to issue new card to replace the damaged one which is being handed over to us?

Yes No

To report

lost card **OR** stolen card **OR** misappropriated card

Do you want to place a stop payment to card?

Yes No

Reason for stop payment:

Do you want to replace your Fleetman card?

Charges will apply

Yes No

Collecting Branch:

You declare that the card has been lost or misplaced or stolen. Consequently, you (jointly & severally) hereby undertake to compensate the Bank against

- (i) all judgements resulting from all actions that may be entered against the Bank; or
- (ii) any claims, demands or costs which the Bank might incur or be called upon to pay by reason of the said issue; or
- (iii) any damage in case the said lost or misplaced or stolen Fleetman Card is at any time found or utilised; or
- (iv) 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 misplaced or stolen Fleetman Card, should it be found by you or again come in your possession at any time hereafter.

Please sign below:



Signature:

Name:

Date: / / (dd/mm/yyyy)

Signature:

Name:

FOR BANK USE ONLY

Verified By:

Signature:

Signature Code:

Reference Number:

Card Number:

Applicable for stop payment only:

Stop List: Yes No