



Mailing Address: Retail Business Division (Cards)
 United Commercial Bank Ltd.
 Corporate Office
 Plot # CWS (A) -1, Road # 34,
 Gulshan Avenue,
 Dhaka - 1212, Bangladesh

Email: customerservice.card@ucb.com.bd
 Website: www.ucb.com.bd

24 X 7
 Call Center
 16419
 or
 +8809610016419
 (overseas only)

CREDIT CARD SERVICE REQUEST FORM (1)

Cardholder's name _____

Card number

							*	*	*	*	*	*				
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Please write first 6 digits and last 4 digits of your card Number.

Client ID

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<input type="checkbox"/> Update Information		Please sign here in front of Bank Official
Phone	Mobile: _____	
	Residence: _____	
	Office: _____	
Email	Primary: _____	
Address	Office: _____	
	Residential: _____	
<input type="checkbox"/> Send my bill & other correspondence to my (tick any one only) <input type="checkbox"/> Office <input type="checkbox"/> Residence		
<input type="checkbox"/> Card Replacement	<input type="checkbox"/> Replacement reason <input type="checkbox"/> Lost <input type="checkbox"/> Embossing name change (new) _____ <input type="checkbox"/> Damaged/Broken <input type="checkbox"/> Chip problem (POS/ATM machine unable to read) <input type="checkbox"/> Others _____ Point of Delivery <input type="checkbox"/> Mailing address <input type="checkbox"/> Branch (Branch name) _____	
<input type="checkbox"/> Cheque Book	<input type="checkbox"/> 20 Leaves Cheque Book Requisition Point of Delivery <input type="checkbox"/> Mailing address <input type="checkbox"/> Branch (Branch name) _____	
<input type="checkbox"/> Credit Shield	<input type="checkbox"/> De-enrolment <input type="checkbox"/> Re-enrolment	
<input type="checkbox"/> Removal of Lien	Lien account number _____	
<input type="checkbox"/> Early Renewal	Reason _____	
<input type="checkbox"/> E-statement	<input type="checkbox"/> Enrolment <input type="checkbox"/> De-enrolment	
<input type="checkbox"/> Re-activation	<input type="checkbox"/> Documents attached _____	
<input type="checkbox"/> Credit Limit	<input type="checkbox"/> Enhancement UCB A/C number (if any) _____ Enclosed documents <input type="checkbox"/> Bank statement <input type="checkbox"/> NID / Passport <input type="checkbox"/> TIN <input type="checkbox"/> Downgrade Please specify reason _____	
<input type="checkbox"/> Picture change	<input type="checkbox"/> Please attach new photograph	
<input type="checkbox"/> Signature change	_____ <input type="checkbox"/> Previous signature <input type="checkbox"/> New signature	
<input type="checkbox"/> Card Closure	Reason _____	
<input type="checkbox"/> Others	Please specify _____	
<input type="checkbox"/> CUSTOMER DECLARATION		
I declare that the information provided in this request form is true. By signing I agree to the relevant Terms & Conditions of United Commercial Bank Limited of the item mentioned above.		
Customer Signature _____		Date _____

Bank Use only

Received & Signature verified by (Sign & Stamp)