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UNBLOCKING OF MY ATM CARD

Name: _____

P.O. Box: _____ Code: _____ Town: _____

Date: ____ / ____ / ____ DD/MM/YYYY

RE: UNBLOCKING OF MY ATM CARD

I (Full Name) _____

ID/No. _____ hereby authorize you to unblock my ATM card which is blocked to enable me use the card.

Signature: _____

CONTACT PARTICULARS

Card No. _____

TSC/PF. No. _____

A/C. No. _____

Mobile No. _____