

- TO BLOCK THE PAYMENT CARD
 TEMPORARILY
 PERMANENTLY
 TO CANCEL BLOCKAGE OF THE PAYMENT CARD

Cardholder

Name and surname _____ title _____

Birth No. _____ / _____ (or date of birth – DDMMYY and sex) male female

Card No. _____ date of expiry (MMYY) _____

Account No. _____ (accounts denominated in CZK operated in the IBIS system shall be disclosed in the ABO version) _____ type of product _____

Person placing the order

Name and surname _____ title _____
(if the person placing the order is not the cardholder)

Address _____

PC _____ telephone _____

<p>Fill in by client</p> <p><input type="checkbox"/> Account owner</p> <p><input type="checkbox"/> Cardholder</p>	<p>Reason of payment card blocking:</p> <p><input type="checkbox"/> Cancellation of the cardholder's right to dispose of the payment card</p> <p><input type="checkbox"/> Cancellation of the payment Card</p> <p><input type="checkbox"/> Other – specify _____</p>
_____ place _____ date _____	signature of the cardholder and signature(s) of the account holder (or a stamp as the case may be)

<p>Fill in by ČSOB</p> <p><input type="checkbox"/> Branch</p> <p><input type="checkbox"/> Loans to Private Individuals Department</p>	<p>Reason of payment card blocking:</p> <p><input type="checkbox"/> Termination of current account agreement / supplement to the current account agreement</p> <p><input type="checkbox"/> Debit balance</p> <p><input type="checkbox"/> Outstanding loan</p> <p><input type="checkbox"/> The payment Card was not Picked up in storage time</p> <p><input type="checkbox"/> In case death of account owner / cardholder</p> <p><input type="checkbox"/> Other – specify _____</p>
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Verification of the cardholder by **Branch**

signature specimen
 identity card (including conformity of appearance)
 @ _____ BRCD

e-mail _____

type _____ number _____ telephone _____

country of issuance _____ date of expiry _____ signature _____ stamp _____

date _____ bank employee's name and surname _____

Kč: 700 122 ver: 0109

Processed

Note _____