

Card Collection Request Form



Branch _____ Date: DD____/MM____/YY____

**The Manager,
MyBank Limited
P.O. Box 1111
Mogadishu, Somalia.**

Dear Sir/Madam,

Subject: Card collection authorization

Customer name _____

My account no.

I authorize you to handover my ATM card to the following person:

Name _____ ID. No _____

Mobile No. _____

Customer full Names: Mr/Mrs/Miss/ _____

Signature _____

For bank use only

Request received and processed by:

Name	Date received	Signature

Request verified and Approved by:

Name	Date received	Signature

Nagala soo xariir

7777 (For Local Calls) +252 1 847777 (For International Calls) 252 61 3737777 (For WhatsApp Chat)

E-mail: info@mybank.so | www.mybank.so

Form-ka Wakiilka soo qaadista ATM Card-ka



Laanta: _____

Taariikh: DD ____/MM ____/YY ____

**Maamulaha,
MyBank Limited
P.O Box 1111
Mogadishu, Somalia.**

Mudane/Marwo;

Ujeedo: Codsii kansalid ATM kaar

Magaca macmiilka _____

Lambarka akoonka

Aniga oo ah waxa aan idiin fasaxay in aad ATM kaarkayga ku wareejiisaan qofka faahfaahintiisu ku qorantahay xagga hoose:

Magaca _____ ID. No _____

Mobile No. _____

Magaca macmiilka oo saddexan: _____

Saxiixa _____

Qaybtan bankiga ayaa isticmaalaya:

Codsigan waxaa guddoomay deedna meel-mariyay:

Magaca	Taariikhda qabashada	Saxiixa

Codsigan waxaa hubiyay deedna ansixiyay:

Magaca	Taariikhda qabashada	Saxiixa

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