



सांग्रिला डेवलपमेन्ट बैंक लि.
Shangri-la Development Bank Ltd.

स्वास्थ्य विकासको आधार
 (नेपाल राष्ट्र बैंकबाट 'ब' वर्गको इजाजत प्राप्त संस्था)

VISA DEBIT CARD RENEW/REPLACEMENT/REPIN APPLICATION FORM

The Manager,
 Shangri-la Development Bank Ltd.
Branch

Sub: Request For RENEW/REPLACEMENT/REPIN SHANGRI-LA VISA DEBIT CARD

I/We hereby request Shangri-la Development Bank Ltd. for the Renew/Replacement/Repin of Shangri-la Visa Debit Card to me/us to be operated through my/our account with under mentioned detail.

A/C Number :

A/C Name :
 (IN CAPITAL LETTER)

A/C Type : Current Saving Other

Card Name :

Address :

Mobile Number : Telephone No.:

Primary Card Supplementary Card

Email Address :

Renew Replacement Repin

ATM Deliverable at : Branch

I/we hereby confirm having read and understood the Terms & Conditions applicable to the issue and use of Shangri-la Visa Debit Card and agree to be bound by them at all times.

Applicant's Signature:

Date :

FOR BANK'S USE ONLY

Mr./Ms. is eligible for using Shangri-la Visa Debit Card.

Received & Verified By
 Name:
 Date:

Recommended By
 Name:
 Date:

Approved By
 Name:
 Date: