


EMV CHIP-ENABLED CARD CLAIM FORM

Cardholder's Name: (First Name, Middle Name, Last Name)		
Email Address:		Mobile/Phone Number:
Card Number:	Account Number (if applicable):	Reference Number: <small>(Please disregard this portion if card is being claimed at the Issuing Branch)</small>
CLAIM AND WAIVER		
I hereby commit to activate the new EMV chip-enabled card by changing my PIN at any LANDBANK ATM terminal within three (3) calendar days upon receipt. In case of my failure to do so, I hereby hold the Bank, its officers and employees, free from any liability or damages that may arise from the unauthorized transactions on my account.		
REQUEST FOR CARD RELEASE THRU OTHER LANDBANK BRANCH <small>(Please disregard this portion if card is being claimed at the Issuing Branch)</small>		
This is to request for the delivery of my new EMV chip-enabled Card to LANDBANK _____ Branch. With this request, I hereby relieve the Bank, including its officers and employees, from any liability arising from the loss, damage or delay of shipping due to force majeure.		
		 _____ Signature of Cardholder over Printed Name/Date

Bank's Copy

March 2017

EMV CHIP-ENABLED CARD CLAIM STUB		Reference Number:
Cardholder's Name: (First Name, Middle Name, Last Name)		Card Number: Account Number):
Released by:	Checked/Approved by:	EMV chip-enabled Card Received by:
_____ Signature over Printed Name/Date	_____ Signature over Printed Name/Date	_____ Signature over Printed Name/Date

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Customer's Copy