

# ATM CARD REQUEST/UPDATE FORM (ACRUF)



Branch of Account \_\_\_\_\_ Accommodating Branch \_\_\_\_\_

Name of Cardholder (Last Name, First Name, Middle Initial):		ATM Card Reported as Lost	
		Date	Time
Type of Card: <input type="checkbox"/> LANDBANK Proprietary Card <input type="radio"/> ATM (Regular) <input type="radio"/> Cash Card <input type="radio"/> eCard/RFID <input type="checkbox"/> LANDBANK Visa Debit Card <input type="checkbox"/> Others _____		Account Number:	Card Number (please indicate first 6 and last 4 digits only):
<b>REQUEST FOR</b>		<b>REASON/S</b> (please specify)	
<input type="checkbox"/> Card Replacement PIN Options: <input type="checkbox"/> PIN Mailer Issuance <input type="checkbox"/> PIN Nomination in any LANDBANK ATM Terminal <input type="checkbox"/> Card Tagging as "Lost/Stolen" <input type="checkbox"/> Card Tagging as "Hot Card" Destination Branch _____		<input type="checkbox"/> Card was ___ damaged ___ expired <input type="checkbox"/> Card was reported as ___ lost/stolen ___ possibly compromised <input type="radio"/> Exempted from submission of Affidavit of Loss (per MOA with DepEd) <input type="checkbox"/> Change Name from _____ to _____	
<input type="checkbox"/> PIN Change    ___ PIN Mailer Issuance    ___ PIN Nomination <input type="checkbox"/> PIN Retries Count Reset <input type="checkbox"/> eBanking PIN Reset		<input type="checkbox"/> PIN was forgotten <input type="checkbox"/> Others (pls. specify) _____	
<input type="checkbox"/> Card Locking    ___ Domestic    ___ International <input type="checkbox"/> Card Unlocking    ___ Domestic    ___ International			
<input type="checkbox"/> Others (pls. specify) _____			

I hereby certify that I am the cardholder and that I am the only one who has knowledge of my PIN, it being personally inputted by me. Transactions arising from the unauthorized use of my card shall be my sole responsibility.

In case of report of loss of ATM card/request for cancellation of lost/stolen card/request for replacement of card, I hereby undertake to hold the Bank free from any liability or damage that may arise out of its cancellation or dishonor of the subject ATM card.

**Mode of Payment for the Replacement Fee:**

Cash

Via Debit from Account No. \_\_\_\_\_



Signature of Cardholder/Date \_\_\_\_\_

### FOR BANK'S USE ONLY

Joint Account Indicator:	Sequence Number:	Other Remarks:
Processed by:  Customer Associate/Date/Time (Signature over Printed Name)	Checked by:  BOO/BSO/Date (Signature over Printed Name)	Approved by:  Branch Head/Date (Signature over Printed Name)
Machine Validation:		Control Number: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

### ATM CARD/PIN MAILER CLAIM STUB

Name of Branch which processed the Request: \_\_\_\_\_

Name (Last Name, First Name, Middle Initial):		Date:	
Account Number:		Card Number (please indicate first 6 and last 4 digits only):	
Approved for Release by:    ___ Card ___ PIN	ATM Card Released by:	PIN Mailer Released by:	Received by:    ___ Card ___ PIN
Branch Head/Date/Time (Signature over Printed Name)	ATM Card Custodian/Date/Time (Signature over Printed Name)	PIN Mailer Custodian/Date/Time (Signature over Printed Name)	Cardholder (Signature over Printed Name)

**Notes:**

- You may claim your ATM Card after five (5) banking days for Metro Manila Branches and ten (10) banking days for Provincial Branches.
- Card shall be perforated and disposed of as follows (except e-Card):

Cards other than for OFW	if unclaimed after 90 calendar days
OFW Cards	if unclaimed after 180 calendar days

3. PIN Mailer, if unclaimed after 30 calendar days from date requested, shall be perforated and disposed of.

4. Please sign your ATM card immediately on the signature panel at the back of the card.

5. In case of PIN nomination, the same should be performed immediately upon receipt of the ATM card.

Control Number: