USTOMER REQUEST FORM anch of Account:	•	Cor commodating Branch: _	itrol Number: .		Date/Time:	ANDBANK	
Name (Last Name, First Name, Middle Initial):	Acci	orimodating Didnen. =		Number:		t 6 & last 4 digits only)	
tatement of Account/Bank Certification							
Bank Certification of Deposit Balance Purpose		_	Bank Statemen d Covered	· 	Snapshot		
e-order of Checkbook No. of Booklet/s:		Personal	Commerci	al MDS	Destination Branch:		
or Authorized Representative:						. do	
This is to authorize			, whose s	gnature appears below, to	acknowledge receipt of th	e above document.	
		Authorized Repr (Signature over Pri		- SONATURET			
Stop Payment Order (SPO)			Cancellation	of SPO			
Check No. From:			To:				
Payee:			Reason:				
Date/Time Received			Expiry Date: _				
No	te: This reques	t is subject to the Terms and	Conditions state	d at the back of this form.			
M Card Request: LANDBANK Proprietary Card LANDBANK Master Card		LANDBANK Visa D eCard/RFID	ebit Card	LANDBANK C	ash Card		
Request for: Card Replacement			Reasons (Pleas		avaira d		
PIN Mailer Issuance				wasdamaged _ waslost/stolen			
PIN Nomination in any LANDE Card Tagging as "Lost/Stolen"		erminal	_ 0	Exempted from submission	n of Affidavit of Loss (per I	DepEd MOA)	
Card Tagging as "Hot Card"			Chan	ge name from to			
PIN Change PIN Mailer	Issuance			vas forgotten			
PIN Retries Count Reset		Force Pin		rs (Please specify):			Mac
Card lockingDom Card unlockingDom		International International	ATM Card Repo	irted as lost Time:			hine
Others (Please specify):				anch:			Machine Validation
ode of Payment: ₽	Cas						ation
Hold Fund Account Balanc		Besieve					
or iAccess (Existing enrolled accounts only)	User ID):					
Maintenance Unlocking of iAccess ID		nabling	(Deletion of iAccess ID			
Password Resetting	\simeq	eactivation/Disabling	(Resend Activation Cod	le		
Updating of Profile	Details:	_	N	lew Data:			
Fund Transfer	Course	Dectination	A dditio	n Deletion			
<u>Account Number</u>	Source	Destination	Additio	n Deletion			
	Ō	Ō	Ō	Ō			
<u>Third Party Destination</u>		Account Number		Account N	<u>Name</u>		
ite: This is subject to the same Terms and Conditions stated in the	iAccess Enroll	ment and Maintenance Forn					
thorized Signatory/ies:							
I hereby certify that I am the cardholder and that I am		_			_	-	
rd shall be my sole responsibility. In case of report of loss bility or damage that may arise out of its cancellation or		he subject ATM card.		ard/request for replaceme	ent of card, I undertake to	hold the Bank free from any	
		ate)	AZZ				
(Signature over Pri	nted Name/Da	ate) $\wp_{ \mathcal{S} }$	A36	(Signature over Printe	ed Name/Date)	_	
R BANK'S USE ONLY							
cessed by:			Checked/Appr	oved by:			
Customer Associate-NAC/	Date				Branch Officer		
(Signature over Printed Na	me)			(Sign	nature over Printed Name)		LDP NICE TEAM JU
RFCLAIM STUB Destination Branch:						∅ LAN	
me (Last Name, First Name, Middle Initial):				Account Number:		Control Number:	···
		I					
oproved for release by:		Released by:			Received by:		SOS SUPERIOR
Branch Officer (Signature over Printed Name)			ed Branch Pers	sonnel/Date/Time rinted Name)	_	Customer/Authorized Represe (Signature over Printed Na	entative

TERMS AND CONDITIONS

(Stop Payment Order)

THE DEPOSITOR UNDERTAKES AND AGREES:

- 1. To notify LANDBANK promptly if said check is recovered or destroyed or when the reason for stop payment ceases to exist through filling out the Customer Request Form to effectively cancel the Stop Payment Order (SPO), as the case may be.
- 2. Not to hold LANDBANK liable on account of payment of said check contrary to this request if the same occurs through inadvertence, accident, or mistake or equipment failure.
- 3. The SPO shall be valid for six (6) months from the date of the SPO issuance. Unless earlier renewed in writing the SPO shall be considered expired/cancelled.
- 4. To hold LANDBANK free from any liability due to SPO/non payment of said checks and indemnify LANDBANK, its officers, representatives and agents against any or all losses, damages, liabilities, expenses, or costs resulting therefrom.
- 5. That the SPO is not effective if said check shall have been accepted, certified or negotiated before the date and time this order is received or before LANDBANK is effectively enabled to send proper notice to its branches.
- 6. To authorize LANDBANK to return the check for the reason "Drawn Against Insufficient Funds" if such is the case, regardless of the SPO;
- 7. That closing of the account upon which this check is drawing or transfer of the same to another LANDBANK branch or office by the depositor shall automatically cancel this order; and
- 8. Not to hold LANDBANK liable for any wrong information given about the check or should any of the information called for in the form be omitted.

	CNAZ
Signature over Printed Name/Date	ERIFIED -

Note:

- 1. You may claim your ATM Card after five (5) banking days for Metro Manila Branches and ten (10) banking days for Provincial Branches.
- 2. Unclaimed cards and PIN Mailer shall be perforated and disposed of by the Destination Branch as follows:

Regular Card	If remained unclaimed after 90 calendar days from receipt by the Destination Branch
LVDC (OFW Card) and LMPC for TES Beneficiaries	If remained unclaimed after 180 calendar days from receipt by the Destination Branch

- 3. Please sign your ATM card **IMMEDIATELY** on the signature panel at the back of the card.
- 4. In case of PIN nomination, the same should be performed IMMEDIATELY upon receipt of the ATM card.