



Bank of St. Helena Ltd.

REPLACEMENT LOCAL DEBIT CARD REQUEST

ACCOUNT NUMBER _____

ACCOUNT NAME _____

CARD HOLDER NAME (if different from Account Name) _____

Reason for Replacement Local Debit Card (please tick)

Lost ☐

Stolen ☐

Damaged ☐

Name Change ☐

Specify the following details if you require a name change on your card

NEW DETAILS: CARD HOLDER NAME _____

CUSTOMER SIGNATURE(S)

TELEPHONE NUMBER

DATE

FOR BANK USE ONLY

	Signature	Date
Application Received		
Application Entered		
Customer Services		
Application Processed		
IT		
Card Production		
Card Inspection		
Customer Services		
Card Received and Pack Assembled		
Card Issued to Customer		