



Agrani Bank Limited

Committed to serve the nation

To
Deputy General Manager/Assistant General Manager/Manager
Agrani Bank Limited
_____ Branch

Date: _____

Subject : Reissue Debit Card

Dear Sir,

I am a customer of your branch. I want to reissue my ATM card for the below mentioned reason.

| | | |
|----|-----------------------|--|
| 1. | Customer Name | |
| 2. | Account No | |
| 3. | Card No(last 5 digit) | |
| 4. | Reason for Reissue | |
| 5. | Address | |

Therefore, I would like to request you to provide me with the applied service.

Your Sincerely,

(Customer's Signature)

Mobile :

For Branch Use Only

Information given by the customer and the specimen signature is verified and we recommend you to look into the issue and inform us.

(Signature and seal of the branch
DGM/AGM/Manager)