

Application Authorized by



## Debit Card Limits Change Request Form Personal Banking Accountholders

NOTE: Please fill-in this form	NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places.		
Date*	Branch*		Name
Account Details *	· · · · · · · · · · · · · · · · · · ·		Traine
Account Name			
Account Number			
Card Details *			
Debit Card Number	(Last 4-digits only)	Card Type Platinum	Gold Classic
Card Limits Change Request		J	
Please mention the		Per Transaction Limit	Per Day Limit
limits to change.	Cash Withdrawal Limit (On HBL UAE ATMs and All Other ATMs)	AED	AED
Please fill-in all limits and do not leave any blank.	Purchase Limit (On POS and e-Commerce)	AED	AED
	FastTransfer Remittance (On HBL UAE ATMs)	AED	AED
	Funds Transfer to Own & Other HBL UAE Accounts (On HBL UAE ATMs)	AED	AED
Declaration	,		
HBL Debit Card(s) available or confirm to observe, comply wi the policies of the Bank in force	will be subject to the HBL General Terms and n www.hbl.com/uae (which may be amende ith and be bound by the same as amended, sie from time to time. I/We also authorize the fule of Charges, from the aforementioned acc	d from time to time at HBL's sol applemented and/or modified fro Bank to debit the fee and charges	e discretion). I/We hereby agree and om time to time by the Bank and with
Disclosure			
	process. however, The Debit Card		مع طلب تغيير حد بطاقة الخصم لعملية التحقق والموافقة من ب. ومع ذلك، يجب أن تظل حدود بطاقة الخصم ضمن الحد ا ) بطاقات الخصم.
	For Bank Us		
	Name	Signature	Date
Signature Verified by			
Application Reviewed by			
Accountholder Category			
	Accountholder Information Accountholder Information is up-to-date (Mobile Number, Email Address, ID, Mother's Maiden name etc.)		
If information is not updated	Accountholder Information Update For		
Application Assumed Lea	Name	Signature	Date
Application Approved by			
Application Processed by			