FlexiCredit Application for Card Replacement/PIN Reissue

CABS
A MEMBER OF THE OLDMUTUAL GROUP

Card Number	5	8	8	8	9	2										
T24 Account Number																

Last Name: _____ First Name(s): _____

Nat ID No.: __ __ — _____

Address: _____

Mobile No.: _____ Tel Work: _____

Tel Home: _____ Email: _____

PLEASE TICK APPROPRIATE BOX **MAKE OATH AND SAY THAT**

Lost Card ☐

I am the legal holder of the above mentioned FlexiCredit Card. The said card has been lost /stolen/ destroyed and in the consequence thereof, I hereby apply to CABS for the issue of a replacement.

Was the loss reported over the phone? Yes ☐ No ☐

Was the PIN on or with the card? Yes ☐ No ☐

Were any purchases made at a Merchant during the last ten days? Yes ☐ No ☐

If YES please give details _____

_____

Faulty/ Damaged Card ☐

I am the legal holder of the above mentioned FlexiCredit Card. The said card is faulty/ damaged and in the consequence thereof, I hereby apply to CABS for the issue of a replacement. I have not disclosed the PIN to any other person(s).

PIN Reissue ☐

As I have forgotten my Personal Identification Number (PIN), I hereby make an application for a PIN Reissue.

Customer Signature: _____ Date: _____

PRIVACY NOTICE

CABS would like to offer you ongoing banking services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. CABS will also share your information with the other companies within the Old Mutual Group for purposes of offering you with other financial services within the Group.

We may use your information or obtain information about you for the following purposes:

- Credit searches and/or verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors, update or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to our regulator, the Reserve Bank of Zimbabwe, whose contact details are:

https://www.rbz.co.zw/
Toll Free Numbers
0800 6009 - Telone landlines only
0808 6770 - Econet lines only
Or +263 242 703000
email: info@rbz.co.zw

To view our full Privacy Notice and to exercise your preferences, please visit our website on www.cabs.co.zw

For Front Office Use Only

Branch Name:		Branch Code:	
Account Bal:		Collection Branch:	
Sig Verified By:		Signature:	
Hold Placed By:		Signature:	

Card Replacement Requested By:

Sales Consultant/Teller:		Signature:		Date:	

Card Replacement Authorised By:

Operations Mgr/Ofr:		Signature:		Date:	

New Card Number: 5 8 8 8 9 2 | | | | | | | | | | | | | | | |

For Back Office Use Only

Captured By:		Signature:		Date:	
Checked By:		Signature:		Date:	