AB Bank

LIMIT ENHANCEMENT REQUEST FOR CREDIT CARD (FOR ABBL STAFF ONLY)

Primary Cardholder Name	
Date of Birth	D D M M Y Y Y Y
Mobile No. & Email ID	
Employee ID Number	Designation
Additional Phone Number (If Any)	
Primary Card Number	X X X X X X X X
Present Credit Card Limit	
Take Home Salary by Account	
Cash Allowance	
Other Income (if any)	
Liability Amt. (if any)	
Credit Card with Other Bank	
Salary A/C No	
Signature of Main Cardholder	
Verified by Human Resource Division/Branch RM	

FOR HEAD OFFICE USE ONLY

Credit Risk Management: DBR		CIB Status	
CRM Recommendation		Proposed Credit Limit	
Approved by Credit Risk Management			

eBiz OPERATIONS DIVISION USE ONLY

Application Receiving Date	D D M M Y Y Y Y
Application Number	
CMS Input by (Name, Sign, Date)	
Notify to Cardholder by (Name, Sign, Date)	