Card Cancellation Form

Branch Details

Branch Name _____ Date D D M M Y Y Y Y

Customer and Card Details

Customer Name _____

Customer ID No. ☐☐☐☐☐☐☐☐☐☐☐☐ QNB Account No. ☐☐☐☐-☐☐☐☐☐☐-☐☐☐

Request for Cancellation

Kindly arrange to cancel the following credit card(s), for the account number All credit cards/ Prime card account ☐

Visa Card Number
4☐☐☐ * * * * * * * * ☐☐☐☐

Supplementary Card Number
4☐☐☐ * * * * * * * * ☐☐☐☐

MasterCard Number
5☐☐☐ * * * * * * * * ☐☐☐☐

Supplementary Card Number
5☐☐☐ * * * * * * * * ☐☐☐☐

Co-Branded MasterCard Number
5☐☐☐ * * * * * * * * ☐☐☐☐

Supplementary Card Number
5☐☐☐ * * * * * * * * ☐☐☐☐

MasterCard Debit Card (ATM)
53☐☐ * * * * * * * * ☐☐☐☐

Supplementary Card Number
53☐☐ * * * * * * * * ☐☐☐☐

Reason for Cancellation

Branch cancellation as customer did not collect it ☐	CLCB	Q-post cancellation (uncollected) ☐	CLQP
Customer leaving the country ☐	CLLC	Bank service failure ☐	CLBC
Customer cancelled for loan application ☐	RCCC	Customer join other Bank ☐	CLJO

Customer Signature _____ Date D D M M Y Y Y Y

Approvals

Call Centre

Team Leader Signature _____ Date D D M M Y Y Y Y

Supervisor Signature _____ Date D D M M Y Y Y Y

Branch

Supervisor Signature _____ Date D D M M Y Y Y Y

Branch Manager _____ Date D D M M Y Y Y Y

For EBD Use Only

Application Received Date	Processed by	Date	Checked by	Date

New Card No.
☐☐☐☐ * * * * * * * * ☐☐☐☐ Expiry Date D D M M Y Y Y Y

Supplementar
☐☐☐☐ * * * * * * * * ☐☐☐☐ Expiry Date D D M M Y Y Y Y