



UNITY TRAVEL CARD REQUEST FORM

NAME OF CUSTOMER.....

ACCOUNT NUMBER.....

AMOUNT APPLIED FOR.....

DESTINATION.....

DOMICILED BRANCH.....

PICK UP BRANCH.....

PHONE NUMBER.....

I declare as follows:

- I applied for PTA/BTA on my account as presented above
- The \$4,000 PTA/BTA should be disbursed as follows:

Cash.....

Card.....

(Please note that you are entitled to a maximum of \$2,000 cash)

- That my Naira account should be debited for the cost of the Unity Travel Card and other fees.

Signature..... Date.....

.....

For Official Use Only:

Name of Funds Transfer Officer.....

Signature & Date.....

Name of Branch Service Manager.....

Signature & Date.....

Indemnity: I hereby agree to the terms and conditions herein stated. I shall keep my card in safe custody and under my control. I undertake never to reveal my Personal Identification Number (PIN) to any third party. The Bank shall not be liable for any loss or damage I may suffer as a result of my failure to protect my Card or PIN. The Card will be auto-renewed upon expiration and the cost of card will be debited to the account.