



DIGITAL SERVICES REQUEST FORM

Form DSR-012024

UCIN (For internal use):

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
Date of Birth (dd/mm/yyyy):		Email Address:

New Debit Card (not available in DR)/Moneyline Access

Account Number	Name(s) on Account	Service Required		*Card Account Access		Type of Moneyline Access	
		Debit Card	Moneyline	Primary	Default	View Only	Full Access
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Card Account Access**

- Primary** - refers to the 2 accounts accessible using your VISA debit card at all VISA certified ATMs and Point-of-Sale terminals. Only one savings and one chequing account can be selected, either Local currency or USD.
- Default** – refers to the account automatically used when there is not a choice of accounts as in the case of online purchases. The default account must be 1 (one) of the Primary Accounts
- Maximum of 12 (twelve) accounts can be accessible using JMMB ATMs (6 Savings and 6 Chequing)

New Card Number: (Only first 6 and last 4 digits should be displayed)	Client Signature (card received):
Daily Limit Request other than Default Limits (Refer to website for limits) ATM \$ _____ Point Of Sale (POS) \$ _____	
Deposit \$ _____	

Moneyline Update

Reset Password
 Reset PIN
 Reset Security Questions

<input type="checkbox"/> Change User Name	New user Name:
<input type="checkbox"/> Change Default Limit	New Limit: <input type="checkbox"/> Other, provide further details:

Debit Card Replacement or Change Request (Request limited to 1 card per form, ATM changes must be completed at JMMB Bank locations)

REQUEST TYPE	DETAILS	
<input type="checkbox"/> Hold/Hot Card <input type="checkbox"/> Cancel Card	Kindly state reason for hold/hot or cancel request <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Other - Kindly specify	Card No. for hold/hot/cancelled cards – only first 6 and last 4 digits to be used (for internal use)

REQUEST TYPE	DETAILS
<input type="checkbox"/> Remove Hold on Card	State reason for removal of hold
<input type="checkbox"/> Reset Pin Count <input type="checkbox"/> Re-pin Card	
<input type="checkbox"/> Change Card Limit	New Limit requested \$
<input type="checkbox"/> Add Accounts to Card <input type="checkbox"/> Remove accounts from cards	Indicate Account/s to be added: Indicate Account/s to be removed:
<input type="checkbox"/> Change Default account on card <input type="checkbox"/> Change Primary account on card	Indicate new default account: Indicate new primary account:

Declaration

I, the undersigned applicant, acknowledge and agree that:

1. The information given by me is correct and JMMB and all other subsidiaries and affiliates of JMMB Group Ltd. (collectively, the JMMB Group) are entities to rely on it.
2. I have read, understood and agreed to the Terms and Conditions of use for the JMMB Visa Debit Card where I have selected those services in this form.
3. I have read, understood and agreed to the Terms and Conditions of the JMMB Moneyline Agreement where I have selected those services in this form
4. I have read, understood and agreed to the General Terms and Conditions of JMMB Bank where I have selected those services in this form
5. I acknowledge and agree that the terms and conditions mentioned above at items 2-4 may change from time to time at the discretion of The JMMB Group. I will be deemed to be aware of and agree to those terms and conditions, as amended, by my continued use of the service. The terms and conditions that are in effect will be available at www.jmmb.com
6. I hereby authorise the JMMB Group to take such steps as it may consider necessary or useful to verify any of the information provided by me.

Client Signature	Date (dd/mm/yyyy)
------------------	-------------------

Notarization: To be completed by a Justice of the Peace or Notary Public if signed outside the presence of a JMMB Agent.
I hereby certify that the signature appearing on this form was affixed in my presence by the said person who presented satisfactory identification.

Name:	Signature	Date (dd/mm/yyyy)	Stamp/Seal
Address:		Telephone No.:	

FOR INTERNAL USE ONLY

Card Issuing Officer/Moneyline Sign-up Agent:	Signature:	Date (dd/mm/yyyy):
Card Pinning Officer:	Signature:	Date (dd/mm/yyyy):
Authoriser:	Signature:	Date (dd/mm/yyyy):