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BOB

BANK OF BHUTAN

A dhi Company

Branch: _____

Date: D D M M Y Y Y Y

PREPAID CARD CANCELLATION/REFUND FORM

Account Number	
Cardholder Name	
Cardholder Citizenship ID	
Card Number	X X X X X X
	Please provide only first 6 and last 4 digit of your card number
Mobile No.	
Request	◯ Refund ◯ Cancellation

The balance amount (if any) maybe refunded by:

◯ Bankers Cheque

◯ Cash

◯ Credit to A/c No: _____

I, hereby accept and authorize the Bank to deduct application charges from my account.

Thanking you.

(Cardholder Signature)