ALLIED BANK
Always with you.

ALLY LIVE : (632) 816-5776
(632) 816-5508

REPLACEMENT/REACTIVATION/CANCELLATION

☐ REPLACEMENT

Please replace my card due to:

◯ SPOILED CARD (Defective Strip/Cracked)
◯ CORRECTION (Please Print)
◯ LOST CARD (Please submit Affidavit of Loss)
◯ OTHERS: _____

FROM : Last Name First Name M.I.

TO : Last Name First Name M.I.

IMPORTANT: If change of name is due to change of status, please submit photocopy of supporting document/s (i.e, marriage certificate, etc.)

☐ CANCELLATION

Please cancel the following card/s:

◯ Principal Card No.

◯ Supplementary Card No(s).

1.

2.

Reason: _____

☐ REACTIVATION

NOTE: Applicable only for reactivation of cards cancelled less than a year. If principal card has been cancelled for more than one (1) year, please fill up a new application form.

◯ Principal Card No.

◯ Supplementary Card No.

1.

2.

REMINDER: Please submit a photocopy of any one (1) of the following
- proof of billing
- valid I.D.
- photocopy of front & back portion of card

CARDHOLDER NAME	CARD NUMBER		CARDHOLDER SIGNATURE
CONTACT PHONE/MOBILE NO/S.	EMAIL ADDRESS	DATE	