

CUSTOMER REQUEST FORM (CRF)

Branch of Account: Accommodating Branch: Date/Time: Control Number:



Name (Last Name, First Name, Middle Initial):		Account Number:	Card No. (1st 6 & last 4 digits only)
Statement of Account/Bank Certification <div>☐ Bank Certification of Deposit Balance Purpose ☐ Bank Statement Period Covered ☐ Snapshot</div>			
Re-order of Checkbook No. of Booklet/s: Personal Commercial MDS Destination Branch:			
For Authorized Representative: This is to authorize, whose signature appears below, to acknowledge receipt of the above document. <div>Authorized Representative (Signature over Printed Name)</div>			
<div>☐ Stop Payment Order (SPO) Check No. From: Amount: Payee: Date/Time Received: ☐ Cancellation of SPO To: Date of Check: Reason: Expiry Date:</div> <p>Note: This request is subject to the Terms and Conditions stated at the back of this form.</p>			
ATM Card Request: OFBANK Proprietary Card OFBANK Visa Debit Card Others			
Request for: ☐ Card Replacement ☐ PIN Mailer Issuance ☐ PIN Nomination in any LANDBANK ATM Terminal ☐ Card Tagging as "Lost/Stolen" ☐ Card Tagging as "Hot Card"		Reasons (Please specify): ☐ Card was damaged expired ☐ Card was lost/stolen possible compromised ☐ Exempted from submission of Affidavit of Loss (per DepEd MOA) ☐ Change name from to ☐ PIN Change PIN Mailer Issuance PIN Nomination ☐ PIN Retries Count Reset Force Pin ☐ PIN was forgotten ☐ Others (Please specify):	
☐ Card locking Domestic International ☐ Card unlocking Domestic International		ATM Card Reported as lost Date: Time:	
☐ Others (Please specify):		Destination Branch:	
Mode of Payment: P Cash Debit Account No.			
☐ Hold Fund Account Balance ☐ Release of Hold Specific Amount: Purpose:			
For iAccess (Existing enrolled accounts only) User ID: <div>☐ Maintenance ☐ Unlocking of iAccess ID ☐ Password Resetting ☐ Updating of Profile ☐ Fund Transfer <div>Account Number Third Party Destination Source Destination Addition Deletion Account Number Account Name</div></div> <div>☐ Enabling ☐ Reactivation/Disabling Details: New Data:</div>			
Note: This is subject to the same Terms and Conditions stated in the iAccess Enrollment and Maintenance Form.			
Authorized Signatory/ies: <p>I hereby certify that I am the cardholder and that I am the only one who has knowledge of my PIN, it being personally inputted by me. Transactions arising from the unauthorized use of my card shall be my sole responsibility. In case of report of loss of ATM card/request for cancellation of lost/stolen card/request for replacement of card, I undertake to hold the Bank free from any liability or damage that may arise out of its cancellation or dishonor of the subject ATM card.</p> <div>(Signature over Printed Name/Date)</div>			
FOR BANK'S USE ONLY			
Processed by: Customer Associate-NAC/Date (Signature over Printed Name)		Checked/Approved by: Branch Officer (Signature over Printed Name)	

Machine Validation

LDP NICE TEAM JULY 2023

CRF CLAIM STUB Destination Branch:



Name (Last Name, First Name, Middle Initial):		Account Number:	Control Number:
Approved for release by: Branch Officer (Signature over Printed Name)	Released by: Designated Branch Personnel/Date/Time (Signature over Printed Name)	Received by: Customer/Authorized Representative (Signature over Printed Name)	

