

Credit Card – Limit Increase / Decrease Application

Date:/	/		Originating Branch														
From (Client/ Cardh	older Na	ame):															
Card Number:																	
To: Standard Chart	ered Ban	nk, Credi	t Card	l Unit													
I would like to reques	st for a Cr																
process my request. the sole discretion of		stand tha	based t the L	d on my imit Ind	y Card crease	perfor Dec	mance rease i	e and tr s subje	rack re ect to t	ecord v the sta	vould a Indard	apprec Terms	iate if y and C	you cc Conditi	ould kindl ons and		
Type of Limit Increa	ise [□ Perm	anent	Limit I	ncreas	se	□ Pe	rmane	ent Lim	it Dec	rease						
		□ **Te	mpora	ıry Limi	it Incre	ease(Va	alid un	til)									
New Credit Limit de	sired : G	SHS					Card I	Expiry	:								
Details of any other	Credit C	Card(s) h	eld by	/ me:													
Issuing Bank		Card Number/Type					Credit Limit					Member Since					
Details of other Lial	nilities:																
Bank	J	Туре				Monthly Installment						Outstanding Balance					
		Personal Loan											<u>g</u>				
		Mortga															
		Other I															
Thank you and best	regards,																
Customer Signature							Client Contact (Telephone Number)										
**The maximum validity	of Tempor	ary Limit I	ncrease	e is two	(2) mor	nths											
For Bank Use Only:																	
Sourced and Details			Signature														
Checked By:								Się	gnatur	e							
Document Required:		Most Rece	nt Pays	slip													