

Credit Card Type Limit Change Form

Date:					
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Company Name																		
Card Holder Name																		
Credit Card Number																		

To
 The Manager
 Aseel Islamic Finance
 Branch _____
 U.A.E

Dear Sir/Madam,
 You are requested to kindly change the credit limit of our following cards;

- Primary
 Supplementary *(Please select the appropriate box)*

Primary Card Holder

Card Holder Name																		
Credit Card Number																		
Existing Tier	<input type="checkbox"/> Tier 1					<input type="checkbox"/> Tier 2					<input type="checkbox"/> Tier 3							
Existing Limit																		
Requested Tier	<input type="checkbox"/> Tier 1					<input type="checkbox"/> Tier 2					<input type="checkbox"/> Tier 3							
Requested Limit																		

Supplementary Card Holder

Card Holder Name																		
Credit Card Number																		
Existing Limit																		
Requested Limit																		

 Primary Cardholder Signature

For Official Use Only:

Signature verified by:
 (CSR name and ID number)

Date:/..... /

Account Updated by.....
 (Maker name and ID number)

Authorized By.....
 (Checker name and ID number)