

## **Adjustment of Daily Limits on Debit Cards**

Postbank Account	Number																				
Card Number																					
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GROUP ACCOUNT	NAME	(If apr	olicab	ıle)																	
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ote:																	Cod	16			
<ol> <li>Only combined in allowed.</li> <li>The following PC         <ul> <li>Flexi and As</li> <li>Mzansi Accorreby request for the</li> </ul> </li> </ol>	OS purcha spire acco ounts: Up	ase limounts:  p to R &	its pe Up to 5,000	r day R 20	are a ,000	pplic	able:	·	·					·	AT	M +	POS	cas	h ba	ck)	are
	Point-of-Sale purchase limit (Goods) per day					Cash limit (ATM + POS cash back) per day															
(Rand only)					R	R															
creasing your daily lin	ird party	/. You ⊦	must	Secu	ire yo	our c	ard a	and F	PIN a	t all	tim	es.									g
nature of Applicant(s	s) 1						2								. [	Date					

## **CERTIFIED DOCUMENT(S) REQUIRED BY POSTBANK**

Please email this form and a certified copy of your Identity document(s) to: <a href="mailto:PBCardman@postbank.co.za">PBCardman@postbank.co.za</a>

POSTBANK USE ONLY						
Initiator (Initiala 9 Curnama)	Authoricar (Initials & Curnems)					
Initiator (Initials & Surname)	Authoriser (Initials & Surname)  Authorisation may only be granted according to applicable DOA					