

# CARD REPLACEMENT

\*Please forward your completed form to [rt46@absa.co.za](mailto:rt46@absa.co.za) or fax 086 584 8882. Should you require any assistance, kindly contact 0861 227 232.

CUSTOMER DETAILS	AUTHORISED OFFICIAL
Customer name:	Name:
Client Code:	ID Number:
FMS account number:	Fax Number:
Cost/billing Centre:	Cellular number:
Address:	Telephone number:
	Email:

VEHICLE REGISTRATION NUMBER	SELECT REASON FOR REPLACEMENT Tick Appropriate Box		
	Card Warped	Card Damaged	Card Broken

Signature:	Date:
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