Credit Card Limit Increase / Decrease

Date _____

Card holder Name: _____

Credit Card Number

CPR Number

☐ Limit Increase ☐ Limit Decrease

Reason of Increase

_____

_____

_____

_____

Attachment ☐ Pay Slip ☐ Bank Statement

Work Joining Date _____ No. of Dependent _____

Cardholder Signature: _____

For Branch use only:

Received By: _____ Signature: _____

For Credit Use only:

☐ Approved ☐ Decline

Comments: _____

Approved By: _____ Signature: _____

For Card Center Use Only:

Processed By: _____ Signature: _____

Reviewed By: _____ Signature: _____