

State Bank of India
_____ Branch
Republic of Maldives



REQUEST FOR STC CARD CANCELLATION/WITHDRAWAL

Card Cancellation Withdrawal — Amount: _____

Name: _____

NID/WP Number: _____

Account Number: _____

STC Card No: _____

*Fill this part only for **CANCELLATION** requests*

With reference to the above mentioned STC Card, I advise that (Please tick ✓)

I have lost my STC Card.

My STC Card is damaged.

My STC is not working due to _____ (please specify)

I have lost my PIN.

Other reasons (please specify) _____

Please arrange to do the needful.

Signature: _____

Name: _____

Mobile: _____

Email ID: _____

Date: _____

For Office Use:

Partial Withdrawal/Cancelled & Balance: USD _____ refunded on: _____

Officer-in-Charge