

CUSTOMER REQUEST FORM (CRF)

Control Number: _____



Branch of Account: _____

Accommodating Branch: _____

Date/Time: _____

Name (Last Name, First Name, Middle Initial): _____	Account Number: _____	Card No. (1st 6 & last 4 digits only) _____
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Statement of Account/Bank Certification

Bank Certification of Deposit Balance Purpose _____

Bank Statement Period Covered _____

Snapshot

Re-order of Checkbook No. of Booklet/s: _____

Personal Commercial MDS Destination Branch: _____

For Authorized Representative:
This is to authorize _____, whose signature appears below, to acknowledge receipt of the above document.

Authorized Representative
(Signature over Printed Name)



Stop Payment Order (SPO) Check No. From: _____ Amount: _____ Payee: _____ Date/Time Received: _____

Cancellation of SPO To: _____ Date of Check: _____ Reason: _____ Expiry Date: _____

Note: This request is subject to the Terms and Conditions stated at the back of this form.

ATM Card Request:

LANDBANK Proprietary Card LANDBANK Visa Debit Card LANDBANK Cash Card

LANDBANK Master Card eCard/RFID Others

<p>Request for:</p> <p><input type="checkbox"/> Card Replacement</p> <p><input type="checkbox"/> PIN Mailer Issuance</p> <p><input type="checkbox"/> PIN Nomination in any LANDBANK ATM Terminal</p> <p><input type="checkbox"/> Card Tagging as "Lost/Stolen"</p> <p><input type="checkbox"/> Card Tagging as "Hot Card"</p> <hr/> <p><input type="checkbox"/> PIN Change ___ PIN Mailer Issuance ___ PIN Nomination</p> <p><input type="checkbox"/> PIN Retries Count Reset <input type="checkbox"/> eBanking PIN Reset</p> <hr/> <p><input type="checkbox"/> Card locking ___ Domestic ___ International</p> <p><input type="checkbox"/> Card unlocking ___ Domestic ___ International</p> <hr/> <p><input type="checkbox"/> Others (Please specify): _____</p>	<p>Reasons (Please specify):</p> <p><input type="checkbox"/> Card was ___ damaged ___ expired</p> <p><input type="checkbox"/> Card was ___ lost/stolen ___ possible compromised</p> <p><input type="checkbox"/> Exempted from submission of Affidavit of Loss (per DepEd MOA)</p> <p><input type="checkbox"/> Change name from _____ to _____</p> <hr/> <p><input type="checkbox"/> PIN was forgotten</p> <p><input type="checkbox"/> Others (Please specify): _____</p>
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Mode of Payment: Cash Debit Account No. _____

Hold Fund Account Balance

Release of Hold Specific Amount: _____

Purpose: _____

For iAccess (Existing enrolled accounts only)

Maintenance

Unlocking of iAccess ID Enabling Deletion of iAccess ID

Password Resetting Reactivation/Disabling Resend Activation Code

Updating of Profile

Details: _____ New Data: _____

Fund Transfer

Account Number	Source	Destination	Addition	Deletion
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Party Destination	Account Number	Account Name		
_____	_____	_____		

Note: This is subject to the same Terms and Conditions stated in the iAccess Enrollment and Maintenance Form.

Authorized Signatory/ies:

I hereby certify that I am the cardholder and that I am the only one who has knowledge of my PIN, it being personally inputted by me. Transactions arising from the unauthorized use of my card shall be my sole responsibility. In case of report of loss of ATM card/request for cancellation of lost/stolen card/request for replacement of card, I undertake to hold the Bank free from any liability or damage that may arise out of its cancellation or dishonor of the subject ATM card.

(Signature over Printed Name/Date)

(Signature over Printed Name/Date)



FOR BANK'S USE ONLY

Processed by: _____ Customer Associate-NAC/Date (Signature over Printed Name)	Checked/Approved by: _____ Branch Officer (Signature over Printed Name)
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Machine Validation

JULY 2023

CRF CLAIM STUB



Name (Last Name, First Name, Middle Initial): _____	Account Number: _____	Control Number: _____
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Approved for release by: _____ Branch Officer (Signature over Printed Name)	Released by: _____ Designated Branch Personnel/Date/Time (Signature over Printed Name)	Received by: _____ Customer/Authorized Representative (Signature over Printed Name)
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TERMS AND CONDITIONS (Stop Payment Order)

THE DEPOSITOR UNDERTAKES AND AGREES:

1. To notify LANDBANK promptly if said check is recovered or destroyed or when the reason for stop payment ceases to exist through filling out the Customer Request Form to effectively cancel the Stop Payment Order (SPO), as the case may be.
2. Not to hold LANDBANK liable on account of payment of said check contrary to this request if the same occurs through inadvertence, accident, or mistake or equipment failure.
3. The SPO shall be valid for six (6) months from the date of the SPO issuance. Unless earlier renewed in writing the SPO shall be considered expired/cancelled.
4. To hold LANDBANK free from any liability due to SPO/non payment of said checks and indemnify LANDBANK, its officers, representatives and agents against any or all losses, damages, liabilities, expenses, or costs resulting therefrom.
5. That the SPO is not effective if said check shall have been accepted, certified or negotiated before the date and time this order is received or before LANDBANK is effectively enabled to send proper notice to its branches.
6. To authorize LANDBANK to return the check for the reason "Drawn Against Insufficient Funds" if such is the case, regardless of the SPO;
7. That closing of the account upon which this check is drawing or transfer of the same to another LANDBANK branch or office by the depositor shall automatically cancel this order; and
8. Not to hold LANDBANK liable for any wrong information given about the check or should any of the information called for in the form be omitted.

Signature over Printed Name/Date



Note:

1. You may claim your ATM Card after five (5) banking days for Metro Manila Branches and ten (10) banking days for Provincial Branches.
2. Unclaimed cards and PIN Mailer shall be perforated and disposed of by the Destination Branch as follows:

Regular Card	If remained unclaimed after 90 calendar days from receipt by the Destination Branch
LVDC (OFW Card) and LMPC for TES Beneficiaries	If remained unclaimed after 180 calendar days from receipt by the Destination Branch

3. Please sign your ATM card **IMMEDIATELY** on the signature panel at the back of the card.
4. In case of PIN nomination, the same should be performed **IMMEDIATELY** upon receipt of the ATM card.