APPLICATION
for the closure of the UZCARD EMV Card and the Card Account
in national currency

(From:) _____
(Full name of the individual)

Card number: | 8 | 6 | 0 | 0 | | | | | * | * | * | * | | | | |

Card Account number | 2 | 2 | 6 | 1 | | | | | | | | | | | | | | | | |

I ask you to terminate the agreement for servicing of the sum card of "Kapitalbank" JSCB" and to close my card account, as well as the sum card, the number of which is indicated above. Herewith, please, return the funds on the card account as follows:

☐ To return in cash at the cash department of the bank

☐ To transfer to the account no.: | | | | | | | | | | | | | | | | | | | |

Bank name: _____KAPITALBANK JSCB_____ Bank's MFO: _____

I have read and understood the terms and conditions of the Card Account and sum card closure and agree to pay the Bank the fee charged by the Tariff. In the event of a card debt due to delays in transactions and Reversal transactions, which I have previously performed using the above card, I agree to pay the required amount.

The reason for the card account and the card closure: _____
_____

Telephone number: _____
Indicate your home telephone number (Indicate your mobile telephone number)

☐ The Card is returned

☐ The Card is lost

Signature of the Cardholder ✓ **Date and time of Application to the Bank**

BANK'S OFFICIAL REMARKS

Official action/decision/remarks	**Full name of the employee**	**Signature**
Accepted by:		
Agreed by:		
The Account is closed		