



CIB TOKEN REPLACEMENT FORM

DATE: _____

COMPANY NAME: _____

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--

S/N	NAME OF USER	REASON FOR REPLACEMENT
1.		
2.		
3.		
4.		
5.		

I / We, on behalf of hereby authorize Zenith Bank Ghana Limited to debit account number with an amount of GHS 25.00 as **replacement fee** per token.

AUTHORIZED SIGNATORIES

SIGNATUREDESIGNATION.....DATE.....

SIGNATUREDESIGNATION.....DATE.....

SIGNATUREDESIGNATION.....DATE.....

FOR OFFICIAL USE ONLY

VERIFIED (CSU Officer)	NAME _____	SIGNATURE _____	DATE _____
APPROVED (E-Business)	NAME _____	SIGNATURE _____	DATE _____