

CREDIT LINE INCREASE (PERMANENTLY / TEMPORARILY) / WITHDRAWAL GUARANTEE / DECREASE CREDIT LIMIT'S REQUEST

PART I : FOR CUSTOMER		DATE _____
I (MR., MRS., MISS) _____		PASSPORT NUMBER _____
CARDHOLDER NUMBER _____	PRESENT CREDIT LIMIT _____	BAHT _____
OFFICE'S NAME _____	POSITION _____	SALARY _____ BAHT
OFFICE ADDRESS : _____	TELEPHONE _____	
HOME ADDRESS : _____	TELEPHONE _____	
OTHER CREDIT CARD (PLEASE FILL THE INFORMATION COMPLETELY)		
CARD NUMBER _____	BANK _____	CREDIT LIMIT _____
CARD NUMBER _____	BANK _____	CREDIT LIMIT _____
CARD NUMBER _____	BANK _____	CREDIT LIMIT _____
CARD NUMBER _____	BANK _____	CREDIT LIMIT _____
REQUEST TO : -		
<input type="checkbox"/>	INCREASE PERMANENT CREDIT LIMIT AMOUNT _____	BAHT _____
	AMOUNT REQUESTED PLUS THE PRESENT CREDIT LIMIT TOTALLY _____	BAHT _____
<input type="checkbox"/>	INCREASE TEMPORALY CREDIT LIMIT AMOUNT _____	BAHT _____
	AMOUNT REQUESTED PLUS THE PRESENT CREDIT LIMIT TOTALLY _____	BAHT _____
	PERIOD REQUESTED FROM _____	TO _____
	REASON _____	
<input type="checkbox"/>	WITHDRAWAL GUARANTEE A/C NUMBER _____	A/C NAME _____ AMOUNT _____ BAHT
<input type="checkbox"/>	DECREASE CREDIT LIMIT AMOUNT _____	BAHT, PRESENT BALANCE TOTALLY _____ BAHT
	REASON _____	
PLEASE ADD / LOWER CREDIT LIMIT ON THE FOLLOWING CARDS : - (THE BANK WILL INCREASE / DECREASE CREDIT LIMIT IN THE CREDIT CARD YOU NOTIFIED ONLY)		
1. _____	3. _____	
2. _____	4. _____	
YOURS SINCERELY,		
.....		
(.....)		
ORIGINAL CARDHOLDER'S SIGNATURE (AS IN APPLICATION)		
TEMPORALY CREDIT LIMIT 'S REQUEST : - COPY OF BANK STATEMENT (SAVINGS/CURRENT/FIXED A/C) 6 MONTHS BACKWARD	PERMANENT CREDIT LIMIT 'S REQUEST : - COPY OF BANK STATEMENT (SAVINGS/CURRENT/ FIXED A/C) 6 MONTH BACKWARD - COPY OF PASSPORT - COPY OF WORK PERMIT - PROOF OF YOUR INCOME, A PAYROLL SLIP, A LETTER CERTIFYING YOUR INCOME - COPY OF COMPANY REGISTRATION (IF YOU ARE COMPANY OWNER) FILL IN NEW APPLICATION FORM IN CASE THE CARDHOLDER WISHES TO CHANGE THE TYPE OF THE CREDIT CARD.	
PART 2 : FOR BRANCH	PART 3 : FOR CREDIT CARD'S COMMENT	
AUTHORIZED OFFICER _____	_____	
POSITION _____	_____	
TEL. _____ FAX _____	_____	
REASON _____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
SIGN _____ DATE _____	AUTHORIZED COMMENT <input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE	
	SIGN _____ DATE _____	