Заявление о блокировке карты САМОИНКАССАЦИИ

ПАО «БАНК «САНКТ-ПЕТЕРБУРГ»

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(полное наименование Клиента/Ф.И.О. и данные документа, удостоверяющего личность Держателя Карты)

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| Прошу заблокировать Карту № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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по причине

□ увольнения/изменения полномочий Держателя

□ утери Карты

□ неработоспособности Карты

□ иное \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

причина возникновения необходимости блокирования Карты

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| Подпись заявителя |  | / |  | Дата |  |

М.П.

(при наличии)

Заполняется Банком:

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подпись работника Банка

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подпись работника Банка

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