



Control No: OPI 022-2017-_____

COBRAND REQUEST FORM (TOP-UP)

DATE: _____

CoBrand Name: _____ CoBrand ID: _____

CARD ACCOUNT DETAILS:

CARD NUMBER: _____ AVAILABLE BALANCE: _____

TYPE OF REQUEST:

LOADING : PHP/USD/OTHERS: _____

BALANCE TRANSFER : TO CARD NUMBER: _____

DEBIT AND REFUND : FOR CHECK ISSUANCE/CREDIT TO

COBRAND **ACCT/PREFUND:** _____

CH **NAME:** _____

PLEASE CHECK REASON FOR REQUEST:

- Lost/Stolen Card w/o Replacement
- Lost /Stolen Card w/ Replacement
- Cancelled w/o Replacement
- others (pls specify) _____
- documents submitted: _____

COBRAND VERIFICATION	
CARDHOLDER NAME AND SIGNATURE _____ Signature Over Printed Name	Verified/Approved by: _____ Signature Over Printed Name
FOR OMNIPAY USE ONLY	
<u>OPERATIONS:</u> Verified by: Approved by:	Acknowledgement Receipt: (Finance) (FOR CHECK ISSUANCE/CREDIT TO PREFUND ONLY) Received by: _____ Processed/Released by: _____
Remarks:	Remarks: