



# CIB TOKEN REPLACEMENT FORM

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ACCOUNT NUMBER: 

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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 100.00 as **replacement fee** per token.

### AUTHORIZED SIGNATORIES

SIGNATURE .....DESIGNATION.....DATE.....

SIGNATURE .....DESIGNATION.....DATE.....

SIGNATURE .....DESIGNATION.....DATE.....

### FOR OFFICIAL USE ONLY

<b>VERIFIED</b> (CSU Officer)	_____ NAME	_____ SIGNATURE	_____ DATE
<b>APPROVED</b> (E-Business)	_____ NAME	_____ SIGNATURE	_____ DATE