



Personal Info

Title: Mr. First Name: ABIY Middle Name: GESSESE Last Name: ABATE

Required Service:

 New Card Expired Card Lost/Damaged Card PIN Reissuance Limit Upgrade TopupGender: Male: Female: Nationality: ETHIOPIAN

Tel: 0912731504 Office: 0912731504 Mobile: 0912731504 Email: aimiroa@awashba

Address City: AA Sub City : AA Woreda : AA House No : AA

Passport No: EQ1486077 Issued Date : January 9, 2025 Expiry Date : January 8, 2030

Air Ticket No : 1766370225185 Issued Date : May 1, 2025 Expiry Date : May 15, 2025 Travel Date : May 8, 2025

Work Permit / Residential ID NO :

NO Data

Issued Date:

Expiry Date:

Visa (if any) No: 252710373 Sub City : AA Woreda : AA

Purpose of FCY RQD: Vacation Holiday Medical Business Education Other

Requested Amount:	In Hard Currency	0
	In Card	4000
	Total	4000

Load Amount: 4,000 In word: four thousand Currency In : USD EUR Payment Method: Cash Account Both

I/We also authorize the bank to deduct the aforementioned foreign currency equivalent amount with service charge from my/our Account No.

01320863343400

Agreement

I/We hereby confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood and accept the Term & Conditions related to the use of Travel Pre-Paid MasterCard. I/We understand that the bank reserves the sole right to approve or decline any pre-paid card application as based on the procedure of the bank. I/We agree to be bound by the condition of issue (as amended from time to time) and will be liable for all charges incurred through the use of Pre-paid Travel MasterCard. I/We have been briefed on how to keep safe my/our Card and PIN.

Cardholder's Signature: _____ Date: _____

Bank Use Only	Risk Catagory:	High <input type="radio"/>	Medium <input type="radio"/>	Low <input checked="" type="radio"/>
	Foreign Exchange	0	0	
Cash note				
In card	4000	537392.0000000001		
Service charge	160	21495.68		

Customer info. Identified & Verify By: Name: Signature: Date:

Maker/Cust.Acc Debited By: Name: Signature: Date:

Approved By: Name: Signature: Date:

Prepaid Travel MasterCard & PIN Production Unit

Card Amount Loaded By: Name: Signature: Date:

Card Produced By: Name: Signature: Date:

PIN Produced By: Name: Signature: Date:

Approved By: Name: Signature: Date:

ማስታወሻ :- ይህ የወጪው የምንዘገብ ትርጓሜዎችን ደረሰኝ በስለት ከተ ይሞላል፡፡ አርቶች ከሚመለከት የሚከተሉት ማስቀመጥ ነው፡፡ ከተ ለእነዚህ የሚከተሉት ማስቀመጥ ነው፡፡ ይሁን፡፡

Note:- This Foreign exchange transaction form shall be filled in three duplicates. The original the Bank, which allowed the transaction, shall retain copy the second copy shall be sent to National Bank of Ethiopia and the third copy shall be given to the applicant.

 Save