Anticipated request for recertifying a card

ISA/RRR0708-E

Please return this form to fax number (+32) (0)2 545 17 19

Returning this document to ISABEL will result in the card status adjustment of the user(s) mentioned below. After the adjustement, this/these user(s) will be able to re-certify his/their card.

User details TO BE ADJUSTED

Company name:

Contact within your organisation:

Last name:

First name:

Isabel is requested to prepare card(s) for re-certification of the following user(s):

User ID:	User name associated with User ID*:
5---	First name:
User ID:	User name associated with User ID*:
5--- *Copy this page if you want to prepare the card for re-certification of more than two users.*	First name:

Banks with which the above-mentioned user(s) work **:

Reason for adjustment:

Complete in capital letters please

* In this case specify the last name and first name of a physical person.
** If you are working with several banks please specify the principal bank.

Date: / /

The above-mentioned user(s) hereby declare to be responsible for the request for adjustment of the status of his/their card.

Signature(s):

In capital letters please

If you require further information, please call our help desk on 02 – 404 03 04 working day from 8 AM till 6 PM.