





FOR BANK USE			
Caution List			
List	Date	Yes	No
Bankruptcy			
Litigation			
UCA			
BFB			
UN			
OFAC			
WU			
BBB AML CFT Watch list			
CSL Screening	Name & Initial	Date	
Checked & Attended by			
Confirmed by (Supervisor level and above)			

FOR BRANCH USE ONLY			
Attended by:			
_____ (signature)			
Staff Name:			
Date:			
Other remarks, if any:		Branch Stamp	
Checked and recommended by:			
_____ (signature)			
Staff Name:			
Date:			
PRE-EMBOSS CARD ACTIVATION			
Card Number (Last 4 digit)	Name	Date	Initial
UnionPay Debit Card			
Mastercard CashCard			
Instant Rewards Card			
PROMOTION PROGRAM (if any)			
<b>Visa Platinum Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>RB Visa Platinum Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>Visa Classic Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>Visa Supasave Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		

FOR CARD CENTRE OPERATIONS USE ONLY															
Card Number – Visa Platinum Debit															
4	2	1	5	0	4	X	X	X	X	X	X				
Card Number – RB Visa Platinum Debit															
4	2	1	5	0	4	X	X	X	X	X	X				
Card Number – Visa Classic Debit															
4	2	1	5	0	4	X	X	X	X	X	X				
Card Number – Visa Supasave Debit															
4	2	1	5	0	4	X	X	X	X	X	X				
Card Number – Union Pay Debit															
6	2	1	2	5	7	X	X	X	X	X	X				
Card Number – Mastercard SE Platinum Debit															
5	3	2	6	5	6	X	X	X	X	X	X				
Card Number – Mastercard Prestige World Debit															
5	3	2	6	5	6	X	X	X	X	X	X				
Card Number – Mastercard CashCard															
5	5	7	7	5	8	X	X	X	X	X	X				
Card Number – Instant Rewards Card															
6	0	1	6	0	0	X	X	X	X	X	X				
CCO Input	Initial					Date									
Inputted by															
Checked & Authorized by															
Final Checked by															