

Please complete this form when a replacement security device is required.

User Details*	
Customer Name*:	Mailing Address, Postal Code, City and Country*
Delegate Name* :	
Internet Banking ID*:	Telephone Number*:

Replacement Reason*
Please send a replacement Security Device for the following reason:
<input type="checkbox"/> The device has been misplaced/lost <input type="checkbox"/> The device is broken
<input type="checkbox"/> The battery is low <input type="checkbox"/> On/Off button stuck
<input type="checkbox"/> The device displays row of zeros <input type="checkbox"/> Other reason: _____
Current Device Serial #: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Distribution of Replacement Security Device*:	
<b>In Bermuda Mail:</b>	
To send replacement security device to address above.	Please tick here <input type="checkbox"/>
<b>In Bermuda Pick -Up:</b>	
To arrange for replacement security device to be picked up at Bank of Bermuda, Church Street Branch.	Please tick here <input type="checkbox"/>
<b>International:</b>	
Replacement security device will be sent to address above.	

Signed on behalf of the Customer*:		
Signature *	Printed Name	Date
Signature	Printed Name	Date

For Bank Use Only		
Security Device request received and checked by:		
Printed Name	Signature	Date