

CUSTOMER IDs COLLAPSE FORM

Cust ID 1: _____ Associated A/C No: _____

Name: _____

Date of Birth: _____

Contact Address: _____

Telephone Number: _____

Cust ID 2: _____ Associated A/C No: _____

Name: _____

Date of Birth: _____

Contact Address: _____

Telephone Number: _____

Customer's choice of primary Cust ID: ☐ 1 ☐ 2

PROCESSOR/AUTHORIZER ATTESTATION

Image Verification: _____

Signature Verification: _____

Customer Data Verification: _____

I/We attest that the above Cust IDs belong to the same customer. I/We have compared the FCUBS mandates and other bio data to arrive at this conclusion and thus the two Cust IDs be collapsed as appropriate.

Name of Processor: _____ Branch: _____

Signature and Date: _____

Name of Authorizer: _____ Unit: _____

Signature and Date: _____