MERCHANT SERVICE REQUEST FORM	
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To: CIMB Bank Berhad, Acquiring Merchant Operations	Attention:
Level 2 Menara SBB	2.4
83 Medan Setia 1 Plaza Damansara Bukit Damansara, 50490 Kuala Lumpur	Date:
Tel no: +603 - 6204 7733 Fax no: +603 - 2381 7204	
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From: Merchant Registered Name:	
ř	
Merchant Trading Name:	
Merchant No:	IMPORTANT
	(i) Please provide COMPLETE & ACCURATE information
	otherwise your request cannot be accommodated.
	(ii) Do NOT DISCLOSE Cardholders' Name in this request form
We need your urgent attention / action on the following:	
Please tick [X] where appropriate	Cardholder No:
	Cardifolder No.
1 TO REVERSE THE TRANSACTION [] Should be a refund/void transaction	
[] Charged customer twice	Settlement Date:
[] Card verification done as sales	
2 OVERCHARGED CARDHOLDER	Transaction Amount:
[] To refund cardholder RM	
3 UNDERCHARGED CARDHOLDER	Transaction Date:
[] To charge cardholder RM	
4 [] PAYMENT NOT RECEIVED / DATA NOT CAPTURED ON S	TATEMENT
Settlement Date:	Total amount:
	Total arrivant.
No. of Transaction(s):	
5 PROCEEDS FOR REFUND / REVERSAL (Otherwise the refun	d/ reversal will not be effected)
·	of RM from our current account maintained with CIMB Bank
Berhad.	
Current Account Number	
	IIIII
We append herewith a cheque in favour of "CIMB BANK BERHAD" bearing :	
Cheque No.	
Bank	and a second
Dated	
Amount	RM
Amount	
6 [] OTHER REMARKS (State details of Transaction(s) as neces	sary)
We enclosed the following for payment enquiry (whichever is rel a) Photocopies of batch header and sales slips pertaining to t	
b) Photocopies of statements.	ne above transaction.
c) Photocopies of supporting bills or invoices.	
Requested by:	Verified / Approved by:
	Authorized Signatory
Name:	Name:
Designation: Tel no:	Designation: Tel no:
Fax no:	Fax no:
For Bank use only	
Captured by:	Verified by:
Name:	Supervisor / Section Head
Date:	Date: