

SERVICE CHANGE REQUEST FORM

Please complete this form and email to hdesk@ghl.com

Change Request Details	
Merchant Name:	
GHL Merchant ID:	
Acquiring Bank:	
Bank MID:	
<p>Changes requested (You may tick more than 1 box):</p> <div> <div> <input type="checkbox"/> Contact Person : <div></div> <input type="checkbox"/> Merchant Contact Number : <div></div> <input type="checkbox"/> Merchant Email Address : <div></div> <input type="checkbox"/> Bank Account Information (Please attach Bank Statement) <div> <div>i. Bank Name: <div></div></div> <div>ii. Bank Account Name: <div></div></div> <div>iii. Bank Account Number: <div></div></div> <div>iv. Bank Branch Name: <div></div></div> </div> </div> <div> <input type="checkbox"/> Business Address <div></div> <div></div> <div></div> <input type="checkbox"/> Mailing Address <div></div> <div></div> <div></div> <input type="checkbox"/> Email Address (for payment notification) <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> Payhere - Resend Activation Link / Reset Password <div> <input type="checkbox"/> Email address: <div></div> <input type="checkbox"/> Mobile Number: <div></div> </div> </div> <div> <input type="checkbox"/> Others <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <p>Reason: <div></div> <div></div> <div></div> <div></div></p>	
Requested by: (Authorized Person) Name: Date:	Company stamp: <div></div>

For GHL Office Use	
Approved by: Name: Date:	Remarks: <div></div>
Made by: (Maker) Name: Date: Remarks:	Checked by: (Checker) Name: Date: Remarks: