To: Payments & Merchants

PHONE: 03-27771297 FAX: 03-20818926

EMAIL: MerchantH'desk@hlbb.hongleong.com.my

From:		
Company Name:		MID :
Contact Person Name:	-	Contact Number:
CANCELLATION OF TRANSA	<u>ACTION</u>	
We hereby request to cancel the be	elow transactions due	to (Please tick ($$) whichever applicable):
Double charge		
Customer paid by cash		
Cardholder request for canc	ellation	
Other reason:		
Transaction details:		
Cardholder Name:		
Card Number:		
Transaction Date:		
Transaction Amount:		
Refund Amount:		
Approval Code:		
We hereby authorize HONG LEO!	NG Bank to:	
Debit HONG LEONG/EON	Bank Current Accou	unt: No:
Enclosed cheque No:		
Others:		
Attached herewith are clear copies	of sales draft and set	tlement slip. (Please fax to 03-20818926)
	Г	
(Merchant's Authorised Signatory) Name : Designation :)	Merchant's Company Stamp
(For Bank use only)		
Requested by: Date:	Verified by: Date:	Received by (Ops): Date:

Copies of Sales draft and Settlement slip