MERCHANT SERVICE REQUEST FORM

To:

CIMB Bank Berhad, Acquiring Merchant Operations
Level 2 Menara SBB
83 Medan Setia 1 Plaza Damansara
Bukit Damansara, 50490 Kuala Lumpur
Tel No: +603 - 6204 7733   Email : acct.posting@cimb.com

Attention : acct.posting@cimb.com

Date [ ][ ][ ][ ][ ][ ]

From :

Merchant 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

1   TO REFUND THE CARDHOLDER/ WALLET USER

: RM _____

Reason : _____

- **Transaction Type**

[ ]	VISA / MASTER / DCC
[ ]	ALIPAY
[ ]	CIMBPay
[ ]	TnG *** (Partial Refund NOT allowed)
[ ]	IPP

2   **TO CHARGE THE CREDIT CARDHOLDER

: RM _____

Reason : _____

**** Applicable only for credit card transactions**

Cardholder No / Transaction ID**

_____

Settlement Date: _____

Transaction Amount: _____

Transaction Date: _____

** Transaction ID is MANDATORY for Ewallet User –

please refer to Terminal Receipt

3   PROCEEDS FOR REFUND / REVERSAL - IT IS MANDATORY TO CHOOSE AN OPTION IN THIS SECTION 3 FOR ANY REQUEST TO REFUND THE CARDHOLDER/ WALLET USER.

[ ]   We hereby authorize you to deduct the shortfall amount of RM____ from our current account maintained with **CIMB Bank Berhad**.

Current Account Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ]   We attach herewith the bank in slip(s)/proof of payment for the amount of RM ……………………………..to

CIMB Bank account number: 8000224732 – BCB Card Centre – Main Account

[ ]   We append herewith a cheque in favour of "**CIMB BANK BERHAD**" bearing :

Cheque Number [ ][ ][ ][ ][ ][ ]

Bank _____

Date _____

Amount **RM** _____

We enclosed the following for payment enquiry (whichever is relevant)

a)   Photocopies of batch header and sales slips pertaining to the above transaction.

b)   Photocopies of statements.

c)   Photocopies of supporting bills or invoices.

d)   Photocopies of bank in slip(s)/proof of payment with Merchant ID & Merchant Name particulars.

Requested by:

_____

Name: _____
Designation: _____
Tel no: _____

FOR BANK USE ONLY

DATE	PROCESSING BATCH HEADER	HP [ ]	Supervisor / Section Head :
_____	[ ][ ][ ][ ][ ]	Reason _____	
ITEM SUBMITTED	[ ][ ]		Date : _____
AMOUNT [ ][ ][ ][ ][ ] - [ ][ ]		Captured By:	Verified By:
QDAD [ ] QDAD / QDAX [ ]			
QDAX [ ] QDAJ TC 40 [ ]		Date _____	Date : _____