



Outlet : _____

REFUND FORM

Customer Name :

Member Number : - /

NRIC Number : - -

Contact Number : - -

Email Address : _____

Receipt Number : Date : - -
Day Month Year

Bank Account Number : Bank : _____

Reason For Cancellation : Wrong Item Received Damage Service Issue
 Defective Problem Quality

Others : _____

Customer Signature

Date

For Management Use Only

Amount (RM) : .

Service Charge (RM) : .

Balance Amount (RM) : .

Pay By : Giro _____

Payment Date : - -
Day Month Year

Approval By

Approval Date : - -
Day Month Year

Cheque HLB : _____

Cheque MBB : _____