MERCHANT SERVICE REQUEST FORM				
	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 :				IMPORTANT
Merchai	int Name :			(i) Please provide COMPLETE & ACCURATE information
Merchar	int No. :			otherwise your request cannot be accommodated. (ii) Do NOT DISCLOSE Cardholders' Name in this request form
Please tick [X	(] where appropriate			
SECTION 1				
	TO REFUND THE CARDHO	LDER/ eWALLET USER (Refund is no	ot applicable for Cro	ss Border QR)
	Amount :			
	Reason :			
	Transaction Type			
	VISA / MASTER	R/DCC	TnG	(Partial Refund NOT allowed)
Ī	ALIPAY		EPP	
ı. [CIMBPay		Others	
L	Clividray		Ulliers	·
	Card Number :		Transaction ID	:
			(Applicable for eWallet u	users only. The transaction ID can be found on the Merchant Terminal Receipt.)
	Settlement Date :		Transaction Date	:
	Transaction Amount :		Approval Code	:
i)	We hereby authorize you to deduct the shortfall amount from our current account maintained with CIMB Bank Berhad:-			
	Amount (RM)	:		
	Current Account No.		$\overline{\Box}$	
	ourient Account		OR I	
ii)	We attach herewith the bank	in slip(s)/proof of payment to CIMB Ban		
	** For online transfer, to up	odate "Merchant ID" in Recipient Refe	erence field	
	Account Name	: CIMB BANK BHD-CCPF-CREDIT C	ARD CENTRE	
	Account Number	: 8000224732		
	Amount (RM)	:		
	Date	:		
SECTION 2				
	TO CHARGE THE CREDIT (CARDHOLDER (Credit Card Transacti	ion ONLY)	
	Amount :			
	Reason :			
	Card Number :		Transaction Amoun	t:
	Settlement Date:		Transaction Date	:
	cable for Section 1 and Section 1	ion 2)		
	the following : Photocopies of statements			
	Photocopies of sales slips		一	
	Photocopies of supporting	bills or invoices		
Reques	sted by:		Name	
			Designation	
			Tel no	: