



## CUSTOMER PROFILE MANAGEMENT SERVICE TERMINATION REQUEST FORM

*Please e-mail the completed form to [careline@dagangnet.com](mailto:careline@dagangnet.com)*

**IMPORTANT NOTE: All outstanding bill MUST be paid before termination take in to effect at the end of the month. All payments is to be made by cheque payable to DAGANG NET TECHNOLOGIES SDN BHD. Pay to the CIMB Account Number (14 digits Account Number) assigned to you as stated in your Tax Invoice. CIMB Account Number is different for each accounts.**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
 ROC/ROB NO: \_\_\_\_\_  
 Telephone (Office): \_\_\_\_\_ Fax (Office): \_\_\_\_\_  
 Email: \_\_\_\_\_  
*(Preferred email for correspondence)*

Please provide your bank details for refund (if any) purpose

Payee Name: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**TERMINATION REQUEST**

Please indicate the following services you wish to unsubscribe:

Account (Please specify account no: \_\_\_\_\_ )  
 Mailbox Number (eg: 95564480xxxx )  
 (Please specify mailbox number : \_\_\_\_\_ )  
 Terminal ID : \_\_\_\_\_  Software Provider: \_\_\_\_\_  
 UserID : \_\_\_\_\_  Product /Subscription : \_\_\_\_\_

Please indicate reason (s) for service termination:

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Authorized Signature: \_\_\_\_\_ Company Stamp: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_

-----OFFICE USE ONLY-----

**Billing Unit:Customer**

**Profile Management Unit:**

Outstanding Balance: _____	Termination Date: _____
Confirmed by: _____ (HOD only)	Approved by: _____ (HOD only)
Date: dd/mm/yy _____	Date: dd/mm/yy _____