



CUSTOMER PROFILE MANAGEMENT SERVICE TERMINATION REQUEST FORM

Please e-mail the completed form to 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: 95564480xxxxx)
(Please specify mailbox number : _____)
 Terminal ID : _____ Software Provider : _____
 UserID : _____ Product /Subscription : _____

Please indicate reason (s) for service termination:

Authorized Signature: _____
Name: _____
Designation: _____
Date: _____

Company Stamp: _____
