

SERVICE TERMINATION REQUEST FORM

COMPANY INFORMATION	
Company Name	
Company Registration Number (ROC/ROB)	
Requestor Name	
Requestor Email	
Requestor Contact Number	
Requestor Contact Mobile	
Requestor Designation	
ACCOUNT INFORMATION	
**Account Number	
**Mailbox Number (9556448xxxxxx)	
Reason of Termination	
TYPE OF TERMINATION	
Please tick the following services you wish to unsubscribe	
**Account	
**Mailbox-Please provide mailbox number	
Product/Sub Product	
Terminal ID (Applicable for Aldec system)	
BANK INFORMATION	
Please provide your bank details for refund (if any) purpose	
rease provide your same details for retails (if any) purpose	
Payee Name	
Bank Name	
Bank Account Number	
Bank Account Number	
MPORTANT NOTE: Please email completed form to careline@da	gangnet.com
All outstanding bills MUST be paid before termination takes effect at the end of the month.	
All payments are to be payable to DAGANG NET TECHNOLOGIES SDN BHD .	
Pay to the CIMB Account Number (14 digits Account Number) as	signed to you as stated in your Tax Invoice. CIMB Account
Number is different for each account.	
Date:	
Name of Authorised Signatory:	
Designated Signatory:	
Signature:	
Company Stamp:	
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