



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 (9556448xxxxx)	
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	
Payee Name	
Bank Name	
Bank Account Number	

IMPORTANT NOTE: Please email completed form to careline@dagangnet.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) assigned 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:

