

eNETS Credit Refund Request Form

Please Email or Fax to enetschargeback@nets.com.sg or +65 6513 0700 upon form completion

Note: Fields with * are mandatory

| Transaction Details | | | |
|------------------------------|--|---------------------------------|--|
| Merchant Name* | | | |
| eNETS Merchant ID* | | Date of Transaction* | |
| Merchant Ref* | | Time of Transaction* | |
| Transaction ID | (RRN or GW_Ref) | | |
| Currency* | | Amount of original transaction* | |
| Bank Authorization Code | | Amount to be credited back* | |
| Credit Reason(s) | | | |
| Requestor's Details | | | |
| Company* | | | |
| Name* | | | |
| Contact No.* | | | |
| Email Address* | (*Confirmation will be sent to this email address) | | |
| Designation | | Date | |
| Authoriser Name & Signatory* | Company's Stamp | | |

| For eNETS Office Use Only | | | |
|------------------------------------|--|----------------|--|
| Approved by (Name & Signature) | | | |
| Performed by (Name & Signature) | | Date Performed | |
| Checked by (Name & Signature) | | Date Checked | |
| Remarks | | | |