

eNETS Service Termination Request Form

Please fax to +65 6513 0700 upon form completion

Termination Request Details (To be completed by Merchant - Please complete all fields)			
Merchant Company Name			
eNETS Merchant ID			
Date of Termination Request		(Please note that termination will be 30 days later)	
Bank MID & TID		MID	TID

Reason for termination (You may tick more than one box):

- | | |
|--|---|
| <input type="checkbox"/> Low Transaction Volume | <input type="checkbox"/> Annual Fee |
| <input type="checkbox"/> Website Terminate | <input type="checkbox"/> Closure of Company |
| <input type="checkbox"/> Bank Termination | |
| <input type="checkbox"/> Others (Please elaborate) | <input type="text"/> |

Name of Requestor		Department	
Request Date		Contact No.	
Email Address	(*Confirmation will be sent to this email address)		
Signature	Company's Stamp		
Signature of Authorised Signatory			

For eNETS Office Use				
eNETS Sales	Acknowledged By:	Name & Signature	Date:	
	Remarks:			
eNETS Risk	Name:	Name & Signature	Date:	
	Remarks:			
eNETS Biz Ops	Name:	Name & Signature	Date:	
	Remarks:			
eNETS Finance	Name:	Name & Signature	Date:	
	Remarks:			