



TERMINAL DEPOSIT REFUND FORM – Indemnity Form

(Applicable only for request on deposit refund via cheque payable to personal name/others)

Attention: Finance Department

PART 1: COMPANY INFORMATION (Complete All)

Name of Company/Firm/Sole : _____
 Proprietorship : _____
 Trading Name (if any) : _____
 Address : _____ Postal Code : _____
 Name of Bank/Branch : _____ Bank Account Number : _____
 NETS Account Number : _____ (Refer to Invoice)
 Name of Applicant : _____ Designation : _____
 Email Address : _____ Tel / Fax : _____
Please attach a copy of ROC.

PART 2: UNDERTAKING (Complete All)

To: Network For Electronic Transfers (Singapore) Pte Ltd (“NETS”)

The Bank account for the above mentioned company has been closed. Kindly issue a cheque for the balance of \$ _____, (being the deposit due to us) to be payable to:

Name of Payee: _____ NRIC Number: _____

The receipt of the above stated amount by the abovenamed payee would constitute a full and total discharge of NETS' responsibility under the MERCHANT'S AGREEMENT to refund of any over-payment to the above mentioned company/firm/sole proprietorship.

In the event that there are any claims against NETS for the refund of the overpayment, we shall jointly and severally indemnify NETS against all loss, damages, costs and expenses that NETS may incur in relation to the said claim.

Name of Owner/Shareholder*	NRIC Number	Designation
Home Address	Contact Tel/HP	Signature/Thumbprint
Name of Owner/Shareholder*	NRIC Number	Designation
Home Address	Contact Tel/HP	Signature/Thumbprint
<i>*Please delete where inappropriate For Thumbprints, please go to the bank with your identification.</i>		
FOR NETS INTERNAL USE ONLY		
DATE RECEIVED	PROCESSED BY	REFERENCE NUMBER