



eNETS Service Termination Request Form

Please email to **info@nets.com.sg** or fax to **+65 62755406** upon form completion.

Termination Request Details (To be completed by Merchant – Please complete all fields)			
Merchant Company Name			
eNETS Merchant ID			
Bank MID	Bank TID	Date of Termination Request (Please note that termination will be 30 days later)	
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 style="width: 500px;" type="text"/>	
Requestor's Details			
Name of Requestor		Department	
Request Date		Contact No.	
Email Address (*Confirmation will be sent to this email address)			
Authorised Signatory	Company's Stamp		
By submitting this form and signing hereunder, I confirm that the personal data submitted is true and accurate and that I consent to the collection, use, disclosure and sharing of this data by NETS for purposes reasonably required as set out in <a href="#">NETS' Data Protection Policy</a>			

For eNETS Office Use				
eNETS Sales	Name:	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:			