

eNETS SERVICE DEACTIVATION REQUEST FORM



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DEACTIVATION OF SERVICE

Merchant Company Name: _____
eNETS Merchant ID: _____ Bank MID: _____
eNETS UMID* (To Untag): _____ Bank TID: _____
*(*Mandatory field for SOAPI MID)*
Date of Deactivation Request: _____
Reason for Deactivation : Low Transaction Volume Annual Fee Website Terminate
(You may tick more than 1 box) Closure of Company Bank Termination Others _____

REQUESTOR'S DETAILS

Name of Requestor: _____
Department: _____ Request Date: _____
Email Address: _____ Contact Number: _____
(Confirmation will be sent to this email address)

REMARKS

AUTHORIZATION

By submitting this form and signing hereunder, I confirm that the above information provided is true and accurate and I consent to the collection, use, disclosure and sharing of the personal data by NETS for purposes reasonably required to process my application as set out in [NETS' Data Protection Policy](#).

Name of Authorized Signatory/ Designation

Authorized Signatory / Company Stamp

Please ensure all fields are duly completed to avoid delay and email to info@nets.com.sg upon completion. Upon receipt of the completed form, please allow us 2 working days to contact you.

eNETS Sales

Name: _____
Remarks: _____

Signature / Date

eNETS Risk

Name: _____
Remarks: _____

Signature / Date

eNETS Biz Ops

Name: _____
Remarks: _____

Signature / Date

eNETS Finance

Name: _____
Remarks: _____

Signature / Date