

eNETS SERVICE DEACTIVATION REQUEST FORM

DEACTIVATION OF SERVICE

Merchant Company Name : _____

eNETS Merchant ID : _____

eNETS UMID* (To Untag) : _____
(*Mandatory field for SOAPI MIDs)

Date of Deactivation Request : _____

Reason for Deactivation : Low Transaction Annual Fee Website Terminal
(You may tick more than 1 box) Volume Closure of Bank Others: _____

REQUESTOR'S DETAILS

Name of Requestor : _____

Department : _____

Email Address : _____
(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](#).

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Name of Authorized Signatory* / Designation* / Last 4 Characters of NRIC*
Authorize Signatory / Company Stamp

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

<p>eNETS Sales</p> <p>Name: _____</p> <p>Remarks: _____</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Signature / Date</p>
<p>eNETS Risk</p> <p>Name: _____</p> <p>Remarks: _____</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Signature / Date</p>
<p>eNETS Biz Ops</p> <p>Name: _____</p> <p>Remarks: _____</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Signature / Date</p>
<p>eNETS Finance</p> <p>Name: _____</p> <p>Remarks: _____</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Signature / Date</p>