

# NETS SERVICE DEACTIVATION REQUEST FORM

## COMPANY INFORMATION (Complete All Details)

Company Name\* : \_\_\_\_\_

NETS Account No. : \_\_\_\_\_  
 (can be found on invoice, e.g. A1234)

Contact Person\* : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

## DEACTIVATION OF SERVICE

NETS QR Online Service  
 NETS QR Online ID : \_\_\_\_\_

Digital Receipt

NETS Integrated POS Solutions \_\_\_\_\_

Acceptance Scheme     AMEX MM     VISA / MASTERCARD     UPI     WECHAT     BHIM     RUPAY     JCB

Other: \_\_\_\_\_

EFTPOS  
 TID\* : \_\_\_\_\_ Retrieval Address : \_\_\_\_\_

Appointment Date : \_\_\_\_\_ Appointment Time : \_\_\_\_\_

SGQR Stickers  
 SGQR ID : \_\_\_\_\_

Reason for Deactivation : \_\_\_\_\_

## 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\* / 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](mailto: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.