

SERVICE REQUEST FORM

Applicable for HLBB existing merchant (only) and for further inquiry, kindly email to MerchantH'desk@hlbb.hongleong.com.my or call helpdesk line 03-2777 1297 Registered Company Name **Trading Name Existing Terminal ID (TID)** Existing Merchant ID (MID) Please tick (/) whichever request is applicable □A) Additional Terminal ☐B) Terminal Conversion □C) Maintenance □D) Termination A) Additional Terminal (Please provide complete and accurate information and provide attachment for more than 2 new outlets) □All-In-One **□GPRS** ☐Fixed Line (E-Wallets T&Cs Apply) ☐ New Outlet ☐ Existing Outlet ☐ Ad-hoc/Temporary Terminal (indicate below): **□MPOS** ☐ Tap on Phone □ BizBuddy Start Date: End Date: □Others: 1)Outlet Trading name **Contact Person:** New/Existing **Contact Number: Outlet address:** Contact Person: 2)Outlet Trading name New/Existing **Contact Number: Outlet address:** *Fill up Appendix A for more outlet's details Does the above outlet currently accept payment card and/or E-wallet payment (If yes, please specify)? ☐Yes (Bank/Provider's Name: Payment facility (Compulsory info) Does the above outlet previously accepted card and/or E-wallet payment (If yes, please specify)? Bank/Provider's Name: **Duration: From** (Start Date) to_ (Ceased date) **B)** Terminal Conversion ☐Fixed Line ☐Fixed Line **□GPRS □GPRS** From: To: □All-In-One □ All-In-One (E-Wallets T&Cs Apply) **□MPOS □MPOS** C) Maintenance (Change in Merchant Data) ☐Registered Name □Trading Name Address: **□**Correspondence □Trading □Contact Person: ☐Telephone Number: □Email Address: Payment Method Information: ☐ Credit HLB Current Account No: ☐Inter-bank Giro Current Account No: **Bank Name:** I/We agree to pay the service fee of Rm 1.00 for each crediting of net merchant settlement through Inter Bank GIRO Services. Please attach bank statement for the above Inter-Bank Giro Current Account. □Closure of Card Acceptance Services (Single or some MID closure only) ☐ Termination of Merchant Agreement for the Card Acceptance Services (Termination of All MIDs) Closure/Termination Reason: □ Ceased Operation □Change Management □Poor Sales □ Switch Acquirer (Specify Acquirer) ☐ Others (Please Specify) **Retrieval Address** (Compulsory info) **Authorised Signatory** I/We hereby declare that the above details are true and correct and I/we agree not to hold HLB responsible or liable for any loss and/or damage arising directly or indirectly from this request. This letter supersedes all previous request/instruction (if any). Merchant's Authorised Signatory Name: Designation: Date: For Bank Use Only Approved/Rejected by. Name: