

REQUEST OF TERMINATION FOR POS TERMINAL

A) Company Details	
Company Registered Name	
Existing Merchant Number(MID)	
TID	

B) Merchant Outlet(s) Details	
(i) Merchant Trading Name	
Address	
Contact Person	
Phone Number	
(ii) Merchant Trading Name	
Address	
Contact Person	
Phone Number	

C) Reason of Cancellation

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 or indirectly from this request.

 Merchant's Authorized Signatory:
 Name:
 Designation:
 Date:

<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> <p style="text-align: center;">Company Stamp</p> </div>

For Bank Use Only	
Last Transaction Date:	
Date Received:	
Termination Date:	
Attended by:	Verified by: