

GoPayz Service Request Form

Please fill in the following details

Cardholder Name : _____ Identity Number (NRIC/Passport) : _____

Note: Please provide a copy of your NRIC or passport (for non-Malaysians) for identification purpose.

Change of Personal Details

Address (Residential/Billing) : _____
 _____ Postcode : _____ State : _____

Mobile No. : _____ - _____

Email : _____

Update Passport Number

Note: Please provide a copy of your new passport (if applicable), utility bill or mobile phone bill as supporting document.

Account Statement Request

Statement for the month _____ (mm/yy) to _____ (mm/yy)

Send Statement to : Residential/Billing Address Email Fax Number _____

Note: We will provide the account statement subject to the fees and charges as provided on the Product Disclosure Sheet made available at www.gopayz.com.my

Card Replacement

Principal Card (Type: _____)

Reasons: Non-Receipt of Card Lost/Stolen Card Fraudulent transaction Damaged Card

Other Reasons (please specify) _____

Change Name on Card

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Note: (i) For lost or stolen card, please provide a copy of police report. (ii) The replacement card will be provided subject to fees and charges applicable as provided on the Product Disclosure Sheet made available at www.gopayz.com.my

Card Cancellation

Principal Card (Type: _____)

Reasons: Too Many Cards Card Features Not Attractive No Usage Other Reasons (please specify)

Account Cancellation

Reasons: High Fees No Usage Other Reason (please specify) _____

Please transfer any of my Wallet Account Balance from GoPayz Account to my local bank account below:

Bank Name : _____

Bank Account Name : _____

Bank Account Number : _____

Note: We want to ensure your refund is remitted to the correct local bank account. For verification purposes, please attach a copy of your bank statement / bank passbook (first page only) to support your refund application. All refunds can only be paid to the GoPayz Card Principal Cardholder's bank account; no payments to 3rd party accounts are allowed.

Other Requests (please specify)

Cardholder's Signature

Declaration – I declare that all the information provided above is true, correct and complete.

 Signature

 Date

For internal use only

 Approved by:
 (Name, date, signature)

 Processing Officer:
 (Name, date, signature)