

## CANCELLATION FORM

Customer Name

Identification No.

Agreement No.

Customer Contact Number

**Cancel Request Made by (please select)**

Customer

Dealer

**Types of Cancellation**

Application Cancellation

Approval Cancellation

Agreement Cancellation

**Reason of Cancellation**

Customer Cancel Purchase

Product Out of Stock

Prefer other Financial Services

Not Satisfied with Product

Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

Dealer Name	<input style="width: 95%; height: 30px;" type="text"/>		
Dealer Code	<input style="width: 100px; height: 25px;" type="text"/>	Dealer Contact Number	<input style="width: 200px; height: 25px;" type="text"/>
<b>Authorised Signatory</b>	<b>Company Stamp</b>		Stamp Here
Name :			
NRIC :			
Designation :			

Kindly submit the completed cancellation form to either Fax number **03- 26915220** or email to **pd@parksoncredit.com.my**

<b><u>For Office Use Only</u></b>		
Date Received	_____	
Verify by	Approved by	System Update by
_____	_____	_____