

MOTORCYCLE DISCHARGE FORM

Customer Name

Identification No.

Agreement No.

Customer Contact Number

Discharge Request Made by (please select)

Customer Dealer

Types of Discharge

Early Settlement Full Settlement
 Others, please specify:

Remark :

Request by :

Name :

Company / Department :

Authorised Signatory

Name : _____
NRIC : _____
Designation : _____

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

For Office Use Only

Date Received : _____

Verify by : _____ Approved by : _____ System Update by : _____

Name : _____ Date : _____

Name : _____ Date : _____

Name : _____ Date : _____