

1. Please ensure that the cancellation form is duly completed and signed. Incomplete form, and incorrect Authorised Person(s) and/or signature(s) will not be processed.
2. Please email the duly completed and signed form to Maybank Singapore Limited at **sg.businesscards@maybank.com**
3. Kindly allow up to 7 business days for processing from the date of receipt by Maybank Singapore Limited

Registered Business Name. (as per ACRA)

[illegible]

Business Registration/UEN No. (as per ACRA)

Maybank Corporate Account (linked to Maybank Business Platinum Visa Debit Card)

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Full Name as per NRIC/Passport (please underline Surname)

☐ Mr ☐ Mrs ☐ Ms ☐ Dr

[illegible]

NRIC/Passport No.

[illegible]

Maybank Business Platinum Visa Debit Card to be cancelled: -

[illegible]

I/We hereby instruct and authorise you to cancel the above Maybank Business Platinum Visa Debit Card. I/We hereby agree and represent to you that the particulars and information provided by me/us in this form and any other document are complete, true and accurate.

I/We have read, understood and agree to be bound by the prevailing Maybank Business Platinum Visa Debit Card Agreement and Maybank Rules and Regulations Governing Singapore Dollar and Foreign Currency Current Accounts for Non-Individual, which are available at <http://www.maybank2u.com.sg/>.

I/we acknowledge that I/we shall continue to be liable for all transactions carried out but not reflected in the Maybank Corporate Account statement as at the date of the termination, and the said terms and conditions shall continue to subsist with full force and effect with respect to all charges and fees which may have accrued and which may accrue in the future.

I/We understand that you have the right not to approve this cancellation at your absolute discretion without assigning any reason whatsoever.

Important : Please ensure this form is signed by the Authorised Person(s) with the correct signature(s) as on the Bank's records.

Signature of Authorised Person	Signature of Authorised Person	Signature of Authorised Person	Signature of Authorised Person
Date:	Date:	Date:	Date:
Name as in NRIC / Passport:	Name as in NRIC / Passport:	Name as in NRIC / Passport:	Name as in NRIC / Passport:
NRIC / Passport No.:	NRIC / Passport No.:	NRIC / Passport No.:	NRIC / Passport No.:

Action By Branch

Authorised Person(s) and Signature(s) verified by	
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☐ Authorised Person(s) CHECKED
☐ signature(s) CHECKED

Staff's signature

PF No / Name / Date:

Action by Authorisor

Card Tagged by :

☐ Date card tagged :

Staff's signature

PF No / Name / Date: