

REFUNDABLE DEPOSIT CLAIMING FORM (Official Use)

IC Name : _____

IC/Passport No. : _____ M/ship No: _____

Address : _____

Tel No : _____ (H) _____ (O)

_____ (H/P) _____ (Email)

I, _____ as the name stated above am fully aware that ;

My deposit refund will be release to my bank account as per below:

BANK ACCOUNT DETAILS

Account Holder Name : _____

Bank Name : _____

Bank Account No : _____

Bank Branch : _____

my deposit refund will be process within 60 working days from the date of membership share transfer / termination of nomination membership.

(Please state your reasons on any urgency):

Signature: _____

Date: _____