



DISTRIBUTOR/DEALER REFUND REQUEST FORM

Please fill in this form and email it to refund@cerestelecom.my Please note that all refunds will be processed after the end of termination period on **15th August 2019**.

Contact Information

Company Name: _____

Business Registration No: _____

Address: _____

Email: _____

Contact No: _____

Distributor/Dealer Code: _____

Product Detail:

Sim Card (IMSI List & Quantity): _____

Reload Card (Serial Number List & Quantity) : _____

Flexi Reload Amount (RM): _____

**Please attached list of all IMSI (Sim Card) and Serial Number (Reload Card)*

Bank Detail:

Bank Name: _____

Bank Account: _____

Bank Holder Name: _____

Please note that, all refunds will be processed upon verification.

I, _____ with IC No _____ acknowledged that I am the rightful owner of (Company Name) _____ and all information provided giving are true for refunds purposes.

Company Stamp:

Date: