

MOTORCYCLE DISCHARGE FORM

Request Date

Customer Name

Identification No.

Agreement No.

Customer Contact Number

Cancel Request Made by (please select)

Customer Dealer

Types of Discharge

Early Settlement Full Settlement

Others, please specify:

Remark:

Name:	<input style="width: 95%;" type="text"/>
Company / : Department	<input style="width: 95%;" type="text"/>
Authorised Signatory	
Name :	_____
NRIC :	_____
Designation :	_____

Kindly submit the completed form via the **Service Button** at www.parksoncredit.com.my/customer_service.php at the **Motorcycle Ownership Discharge tab**.

<u>For Office Use Only</u>		
Date Received: _____		
Verified by _____	Approved by _____	System Updated by _____
Name : _____	Name : _____	Name : _____
Date : _____	Date : _____	Date : _____