

MOTORCYCLE DISCHARGE FORM

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:

Company / :

Department

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**.

For Office Use Only

Date Received: _____

Verified by _____ Approved by _____ System Updated by _____

Name : _____ Name : _____ Name : _____

Date : _____ Date : _____ Date : _____