

CANCELLATION FORM

Customer Name

Identification No.

Agreement No.

Customer Contact Number

Cancel Request Made by (please select)

Customer

Dealer

Types of Cancellation

Application Cancellation

Approval Cancellation

Agreement Cancellation

Reason of Cancellation

Customer Cancel Purchase

Product Out of Stock

Prefer other Financial Services

Not Satisfied with Product

Other (please specify)

Dealer Name	<input style="width: 100%;" type="text"/>		
Dealer Code	<input style="width: 100px;" type="text"/>	Dealer Contact Number	<input style="width: 200px;" type="text"/>
Authorised Signatory	Company Stamp		Stamp Here
Name :			
NRIC :			
Designation :			

Kindly submit the completed cancellation form by email to pd@parksoncredit.com.my

For Office Use Only		
Date Received	_____	
Verify by	Approved by	System Update by
_____	_____	_____