

SERVICE CHANGE REQUEST FORM

Please complete this form and email to hdesk@ghl.com

Change Request Details			
Merchant Name:			
GHL Merchant ID:			
Acquiring Bank:			
Bank MID:			
<p>Changes requested (You may tick more than 1 box):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Contact Person _____ <input type="checkbox"/> Merchant Contact Number _____ <input type="checkbox"/> Merchant Email Address _____ <input type="checkbox"/> Bank Account Information (Please attach Bank Statement) <ul style="list-style-type: none"> i. Bank Name: _____ ii. Bank Account Name: _____ iii. Bank Account Number: _____ iv. Bank Address: _____ _____ v. SWIFT CODE: _____ <input type="checkbox"/> Air Pos – Credit Limit Maintenance Transaction Limit: <u>RM</u> _____ Daily Limit: <u>RM</u> _____ Monthly Limit: <u>RM</u> _____ Reason: _____ _____ _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Business Address _____ _____ <input type="checkbox"/> Mailing Address _____ _____ <input type="checkbox"/> Email Address (for payment notification) _____ <input type="checkbox"/> Others _____ _____ _____ _____ </td> </tr> </table>		<input type="checkbox"/> Contact Person _____ <input type="checkbox"/> Merchant Contact Number _____ <input type="checkbox"/> Merchant Email Address _____ <input type="checkbox"/> Bank Account Information (Please attach Bank Statement) <ul style="list-style-type: none"> i. Bank Name: _____ ii. Bank Account Name: _____ iii. Bank Account Number: _____ iv. Bank Address: _____ _____ v. SWIFT CODE: _____ <input type="checkbox"/> Air Pos – Credit Limit Maintenance Transaction Limit: <u>RM</u> _____ Daily Limit: <u>RM</u> _____ Monthly Limit: <u>RM</u> _____ Reason: _____ _____ _____ _____	<input type="checkbox"/> Business Address _____ _____ <input type="checkbox"/> Mailing Address _____ _____ <input type="checkbox"/> Email Address (for payment notification) _____ <input type="checkbox"/> Others _____ _____ _____ _____
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Requested by: <i>(Authorized Person)</i> Name: Date:	Company stamp:		

For GHL Office Use	
Approved by: Name: Date:	Remarks:
Made by: <i>(Maker)</i> Name: Date: Remarks:	Checked by: <i>(Checker)</i> Name: Date: Remarks: