

REFUND DETAILS

Date : _____

Name (As per IC/ Passport)	
IC Number/Passport	
Contact Number (Prefer mobile)	
Email	
Ticket Price	
Total Amount (RM)	

Payment Details:

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> Outlet/Roadshow	<input type="checkbox"/> ONLINE Purchase
Payment Card No: _____		
Card Issuing Bank: _____		
Card Expire Date: _____ / _____		
<input type="checkbox"/> CASH	<input type="checkbox"/> FPX	
Bank Account No: _____		
Bank Name: _____		

NOTICE:

Refund amount shall be revert back to:

Card :

Your Credit Card account stated above within 30-45 days.
(Duration stated above are subject to bank processing time)

By Signing below, I hereby confirm that the refund information given in this form is correct and agreed on the REFUND METHOD.

Customer Signature

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References (Official Use)

Doc No.	
Ticket No.	
Seat Details	
Quantity	
Terminal/ Outlet	