CREDIT CARD CANCELLATION REQUEST FORM

citibank

DATE: _____

CARDHOLDER'S DETAILS

PRINCIPAL'S NAME: _____

CONTACT NO: (H) _____ **(OFF)** _____ **(HP)** _____

CARD CANCELLATION

PRINCIPAL'S CREDIT CARD: (1) | | | | | | | | | | | | | | | | |

(2) | | | | | | | | | | | | | | | | |

SUPPLEMENTARY'S NAME: _____

SUPPLEMENTARY'S CREDIT: (1) | | | | | | | | | | | | | | | | |

CARD NO (2) | | | | | | | | | | | | | | | | |

CANCELLATION REASON (PLEASE TICK):

- ❑ GOVERNMENT SERVICE CHARGE
- ❑ ANNUAL FEE TOO HIGH
- ❑ TOO MANY CARDS
- ❑ NO USAGE
- ❑ PAYMENT INCONVENIENCE
- ❑ OTHERS _____

Please complete this form and return to:

Fax: 03 – 2383 6666

Mail: Citibank Berhad
Customer Correspondence Unit
P.O Box 11725
50754 Kuala Lumpur

Please call if you have any inquiries:

CitiPhone: 03- 2383 0000

****Important Note:***

- *Citibank will take a minimum of 5-7 working days to block your account upon receiving the credit card cancellation request form.*
- *Before Citibank can proceed with your card cancellation, you are FULLY liable to settle **IN FULL** any outstanding balances including unbilled retail transactions, installments (such as Dial For Cash, EasyPay Plan, FlexiPayment Plan & Balance Transfer) & your Citibank One-Bill, Survival Cash Plan and Card Protection Premier, if any.*
- *Any unbilled installments (such as Dial For Cash, EasyPay Plan, FlexiPayment Plan & Balance Transfer) and your Citibank One-Bill, Survival Cash Plan and Card Protection Premier, if any, will immediately become payable IN FULL.*
- *You shall assume full responsibility to inform the respective Autopay merchants (E.g Insurance/ Household Bills) of your card cancellation. Citibank do not have any obligation to inform the merchants of your account closure. You shall be liable for any Autopay transactions charged to your account while Citibank performs the cancellation of your account.*
- *All your reward points (if any) or any remaining rebates (if any) would be forfeited upon the cancellation of your credit card, (Kindly redeem your reward points via Citibank Online or CitiPhone before submitting your cancellation request)*

FOR OFFICE USE ONLY

OFFICER IN CHARGE: _____

☐ **JA** ☐ **JB** ☐ **PG** ☐ **PUCH** ☐ **DP**

☐ **KLG** ☐ **BT**

DATE RECEIVED: _____

COMMENTS: _____

CARDHOLDER'S SIGNATURE

_____

NAME: _____

IC NO: _____