

APPLICATION FOR DEFERRED REFUND FOR EZ-LINK NFC SIM



Note: Transfer/Bank processing will take about **14 working days** while cheque (via LOCAL mail only) will take about **21 working days**. For refund Option 1, please proceed with the transfer of refund to the new ez-link card within 3 months of our notification, failing which you will have no further claim to the refund monies.

By submitting this application form, you agree that EZ-Link Pte Ltd may collect, use and disclose your personal data, as provided in this application form, for the purposes of processing your application in accordance with the Personal Data Protection Act 2012 and our data protection policy (available at our website www.ezlink.com.sg).

SECTION 1: CUSTOMER PARTICULARS																																			
Full Name (as appears in ID):	Contact Number:																																		
ID Type*: () NRIC () Passport () Work Permit () Others, please specify:	(Home) _____ (Office) _____ (Mobile) _____																																		
ID Number:	Case Number:																																		
Email:																																			
SECTION 2: EZ-LINK CAN DETAILS																																			
Card Application Number (CAN):	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">1</td><td style="width: 10%;">0</td><td style="width: 10%;">0</td><td style="width: 10%;">2</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;">9</td><td style="width: 10%;">0</td><td style="width: 10%;"></td><td style="width: 10%;">0</td><td style="width: 10%;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	1	0	0	2					9	0		0	1																					
1	0	0	2					9	0		0	1																							
Reason for refund*: () Corrupted () Others, please specify:	Estimated Remaining Value:																																		
SECTION 3: Refund Options* (Select one)																																			
() Option 1: Transfer to another ez-link card. EZL will contact you on the instructions once the refund is ready.																																			
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CAN:	1	0	0																																
() Option 2: Refund to Bank Account (Holder Name) : _____																																			
() POSB Bank	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">7</td><td style="width: 10%;">1</td><td style="width: 10%;">7</td><td style="width: 10%;">1</td><td style="width: 10%;">0</td><td style="width: 10%;">8</td><td style="width: 10%;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td colspan="3">Bank</td><td colspan="3">Branch</td><td colspan="11">Account number</td> </tr> </table>	7	1	7	1	0	8	1											Bank			Branch			Account number										
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() DBS Bank	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">7</td><td style="width: 10%;">1</td><td style="width: 10%;">7</td><td style="width: 10%;">1</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td colspan="3">Bank</td><td colspan="3">Branch</td><td colspan="11">Account number</td> </tr> </table>	7	1	7	1														Bank			Branch			Account number										
7	1	7	1																																
Bank			Branch			Account number																													
() Option 3: Cheque to name: _____																																			
Mailing address: _____																																			

Signature of Customer:	Submitted to EZL by: () Singtel () Customer																																		
(Name/Signature/Date)	If Customer wishes to submit this form on his/her own, please e-mail to customerservice@ezlink.com.sg .																																		
SECTION 4: FOR OFFICIAL USE																																			
Refund request verified by Singtel/EZL:	Processed by EZL Operations:																																		
(Name/Signature/Date)	(Name/Signature/Date)																																		

*Please tick where appropriate