



Syntrino Solutions Sdn Bhd (1149174-D)

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GST Reg. No: 000428257280

Customer Refund Request Form

Merchant ID _____

Business Name/DBA _____

Customer/Cardholder Name _____

Email address _____

Request Date _____

Transaction date _____

Transaction amount _____

Receipt No _____

Requested amount _____

Original Payment Method: _____

Bank Name _____

Credit Card Number _____

(if original payment method via credit card)

Account Number _____

Reason for Refund Request:

Did not receive the order

Received an incomplete product (missing quantity or accessories)

Received the wrong product(s) (e.g., wrong size, wrong colour, different product)

Received a product with physical damage (e.g., dented, scratched, broken)

Received a faulty product (e.g., malfunction, does not work as intended)

Others (please clarify) _____

IMPORTANT: Please make sure all information was entered correctly.

Please allow 5-7 business days for the processing of your request.

CONSENT

I confirm the information provided above is true and correct to the best of my knowledge. I further understand that any misrepresentations on this form may cause the denial or decline of my request.

Signature _____

Name _____

Date _____



For Internal Use Only

<input type="checkbox"/>	Full refund	
<input type="checkbox"/>	Partial refund	RM _____

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

Reason:

Signature _____

1st Approver's Name _____

Position _____

Date _____

Signature _____

2nd Approver's Name _____

Position _____

Date _____