



A Member of MMC Group

REFUND FORM

BILLING SECTION
Accounting & Finance Department

*** The refund process will take approximately 2 months.

A. TO BE FILLED BY CUSTOMER

1. Account No. :	_____	8. Request Type
2. Registered Name :	_____	
3. Registered Address :	_____	<input type="checkbox"/> Terminate & Refund Deposit Balance
	_____	<input type="checkbox"/> Refund Registration Fee (except duty stamp & no installation done at site)
	_____	<input type="checkbox"/> Refund Meter (not yet installed)
4. Telephone No. :	_____	<input type="checkbox"/> Refund Excess Payment
5. Reason for Termination :	_____	
6. Effective Termination Date :	_____	
7. Refund Details		
a) Bank Name :	_____	
b) Bank Account No :	_____	
c) Bank Account Holder's Name :	_____	
d) IC No :	_____	
e) Passport No :	_____	
f) Business Registration No :	_____	
g) Email Address :	_____	
Requested By		
Signature :	_____	
Name :	_____	
Date :	_____	

B. TO BE FILLED BY GMB BILLING SECTION

1. Status During Request	Accepted By (Counter)	Received By (Credit Control)
Status : _____	Signature : _____	Signature : _____
Type : _____	Name : _____	Name : _____
Deposit : _____	Date : _____	Date : _____
Outstanding : _____	Remark : _____	Remark : _____
2. Disconnection Information	3. Account Information	
Work Order Date : _____	Deposit In UBIS : _____	
Disconnection Date : _____	Others : _____	
Last Reading Date : _____	Arrears : _____	
Meter Serial No : _____	Refund Amount : _____	
Remark : _____		
4. Account Verification		
Completed By	Checked & Verified By	
Signature : _____	Signature : _____	
Name : _____	Name : _____	
Designation : _____	Designation : _____	
Date : _____	Date : _____	

CORPORATE ACCOUNT SECTION	BILLING SECTION
1. Account Confirmation	1. Cheque Details
Confirmed By :	Date received from Finance : _____
	DRA date : _____
	Close Account Date : _____
	Arrears : _____
Signature : _____	Amount Paid : _____
	Cheque No. : _____
Date : _____	Date Posted : _____