treatsPOINTS REDEMPTION FORM

REDEMPTIONS FOR GIFTS

	Product Description	Product Code	TreatsPoints Required	Quantity	Total TreatsPoints Required
1.					
2.					
3.					
4.					
5.					

Please process my TreatsPoints redemption request and deduct the required number of TreatsPoints from my Maybankard Visa / MasterCard / American Express account.

REDEMPTIONS FOR 'HOT DEALS'

	Product Description	Product Code	TreatsPoints Required	RM	Quantity	Total TreatsPoints Required	Total RM
1.		H					
2.		H					

Visa Card No. : | | | | | | | | | | | | | | | | Expiry Date : | | | — | | |

MasterCard No. : | | | | | | | | | | | | | | | | Expiry Date : | | | — | | |

American Express No. : | | | | | | | | | | | | | | | | Expiry Date : | | | — | | |

Name : Passport No :

IC No (new) : IC No (old) :

Address :

State : Postcode :

Tel (Office) : Tel (Home) :

Tel (H/P) : E mail Address :

Delivery Address :

Postcode :

(Delivery of goods will not be made to a PO Box address or outside Malaysia Allow 3 4 weeks for delivery)

Signature : Date :

(Signature must correspond with specimen signature of your Maybankard Visa / MasterCard / American Express account)

Mail or fax to 03 7953 8685. For enquiries please call 1300 88 6688. To avoid duplication, please do not mail your form if you have faxed to us.

• All the above is subject to Terms & Conditions as stipulated in the Maybankard TreatsPoints Program.

FOR OFFICE USE

Date Received	Received By	Date Processed	Quantity	Processed By	Order Form No.	Remarks

Glue here (Do not staple)

Glue here (Do not staple)

Glue here (Do not staple)