

## BORANG ADUAN KAD KREDIT MAYBANK / MAYBANK CREDIT CARD REPORT FORM

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| <b>SECTION I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO BE COMPLETED BY CREDIT CARDHOLDER.<br>UNTUK DIPENUHI OLEH PEMEGANG KAD. | <input checked="" type="checkbox"/>                                                                       | TICK TO APPROPRIATE BOXES<br>TANDAKAN DI DALAM KOTAK MANA YANG BERKENAAN | DATE / TARIKH |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| SALES & SERVICE CENTRE : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| SALES & SERVICE CENTRE REF NO : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| Credit Card No : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | IC / Passport No. / No Kad Pengenalan / Passport : _____                                                  |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| Cardholder's Name / Nama Pemegang Kad : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | E-mail address / Alamat E-mel : _____                                                                     |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| Nature of enquiry or request / Jenis Pertanyaan / Pemohonan :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> New Application / Pemohonan Baru</td> <td><input type="checkbox"/> Non-receipt / Request PIN * / Pemohonan PIN</td> <td><input type="checkbox"/> Request / Cancel Supplementary * / Pemohonan Kad Tambahan</td> </tr> <tr> <td><input type="checkbox"/> Renewal Card / Pembaharuan Kad</td> <td><input type="checkbox"/> Replacement / Redirection card * / Penganian Kad</td> <td><input type="checkbox"/> Transaction rejected / decline * / Urusniaga Gagal</td> </tr> <tr> <td><input type="checkbox"/> Permanent / Temporary Increase Credit Limit * / Kenalkan Had Limit</td> <td><input type="checkbox"/> Waiver FC/LC/AF * / Pelepasan Pengecualian Fee</td> <td><input type="checkbox"/> Unauthorised / Double Billing / Disputed Transaction * Transaksi Tanpa Kebenaran</td> </tr> <tr> <td><input type="checkbox"/> GiftPoint / Mata Ganjaran</td> <td><input type="checkbox"/> Upgrade of Account / Naik Taraf</td> <td><input type="checkbox"/> Fraud / Lost card * / Kad Hilang</td> </tr> <tr> <td><input type="checkbox"/> Pre-approved Card / Kad Pra Lulus</td> <td><input type="checkbox"/> Update Information / Kemaskini Maklumat</td> <td><input type="checkbox"/> Refund Credit Balance / Pemulangan Baki Kredit</td> </tr> <tr> <td><input type="checkbox"/> Non-receipt / Request statement * / Penyata Bulanan</td> <td><input type="checkbox"/> Close Account / Pembatalan</td> <td><input type="checkbox"/> EzyPay / AutoPay / New Promotion * / Promosi Baru</td> </tr> </table> |                                                                            |                                                                                                           |                                                                          |               | <input type="checkbox"/> New Application / Pemohonan Baru | <input type="checkbox"/> Non-receipt / Request PIN * / Pemohonan PIN | <input type="checkbox"/> Request / Cancel Supplementary * / Pemohonan Kad Tambahan | <input type="checkbox"/> Renewal Card / Pembaharuan Kad | <input type="checkbox"/> Replacement / Redirection card * / Penganian Kad | <input type="checkbox"/> Transaction rejected / decline * / Urusniaga Gagal | <input type="checkbox"/> Permanent / Temporary Increase Credit Limit * / Kenalkan Had Limit | <input type="checkbox"/> Waiver FC/LC/AF * / Pelepasan Pengecualian Fee | <input type="checkbox"/> Unauthorised / Double Billing / Disputed Transaction * Transaksi Tanpa Kebenaran | <input type="checkbox"/> GiftPoint / Mata Ganjaran | <input type="checkbox"/> Upgrade of Account / Naik Taraf | <input type="checkbox"/> Fraud / Lost card * / Kad Hilang | <input type="checkbox"/> Pre-approved Card / Kad Pra Lulus | <input type="checkbox"/> Update Information / Kemaskini Maklumat | <input type="checkbox"/> Refund Credit Balance / Pemulangan Baki Kredit | <input type="checkbox"/> Non-receipt / Request statement * / Penyata Bulanan | <input type="checkbox"/> Close Account / Pembatalan | <input type="checkbox"/> EzyPay / AutoPay / New Promotion * / Promosi Baru |
| <input type="checkbox"/> New Application / Pemohonan Baru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Non-receipt / Request PIN * / Pemohonan PIN       | <input type="checkbox"/> Request / Cancel Supplementary * / Pemohonan Kad Tambahan                        |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| <input type="checkbox"/> Permanent / Temporary Increase Credit Limit * / Kenalkan Had Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Waiver FC/LC/AF * / Pelepasan Pengecualian Fee    | <input type="checkbox"/> Unauthorised / Double Billing / Disputed Transaction * Transaksi Tanpa Kebenaran |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| <input type="checkbox"/> Pre-approved Card / Kad Pra Lulus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Update Information / Kemaskini Maklumat           | <input type="checkbox"/> Refund Credit Balance / Pemulangan Baki Kredit                                   |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| * To delete where applicable / Potong yang tidak berkenaan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| Please specify the above request:- / Sila tandakan permohonan di atas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| Cardholder's Signature<br>Tandatangan Pemegang Kad /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <b>SECTION II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | FOR SSC's USE                                                                                             |                                                                          | DATE / TARIKH |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| Officer's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <b>SECTION III</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | FOR CREDIT CARD CENTRE'S USE                                                                              |                                                                          | DATE / TARIKH |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
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| Serial Nos : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| Action Taken :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <input type="checkbox"/> Call cardholder on _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <input type="checkbox"/> Forward copy to Proc. Unit / RMS / Collection / Operation / Others *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <input type="checkbox"/> Acknowledge by / Name : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <input type="checkbox"/> Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| <input type="checkbox"/> Resolve / Not Resolve on : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |
| Customer Service Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                           |                                                                          |               |                                                           |                                                                      |                                                                                    |                                                         |                                                                           |                                                                             |                                                                                             |                                                                         |                                                                                                           |                                                    |                                                          |                                                           |                                                            |                                                                  |                                                                         |                                                                              |                                                     |                                                                            |