

REQUEST FOR REFUND FORM

| Date: | |
|--|--|
| I, | _, would like to request for the refund of my |
| remaining balance amounting to | Php with account number |
| | , tag serial number |
| due to: | |
| Defective tag beyond warrar | nty. |
| ☐ Damaged tag. | |
| | provide copy of your ID and affidavit of loss or police stated in ESC Terms & Conditions item 3.6) |
| I will use the refund to avail | of a new tag. |
| ☐ I have no intention to avail o | f a new tag because |
| Other reasons (please speci | ify) |
| Kindly deposit the refund to my s | savings or checking account. |
| Bank Details: | |
| Bank Account | Name: |
| Bank Account | Number: |
| Bank Name/Bra | anch: |
| This is to further certify that I am the own Thank you. | ner account mentioned above. |
| Customer's Signature | Mobile Number |
| Date | E-mail Address |
| Requirement: Photocopy of Valid ID Surrendered Tag Processing time 15 wo | orking days |
| | ed to Easytrip Services Corporation before the release of Conditions Section 7.5 "The Tag is the property of privileges to it are retained by ESC" |
| For TMC-CSC SA / ESC-POS use only: RECEIVED BY: LOCATION: VALIDITY DATE: RECEIVED TAG? YES/NO: | DATE: BALANCE: <u>PHP</u> |
| For ESC Head Office use only: | OTHER REMARKS: DATE: |