



**CONSOLIDATION REQUEST FORM**

Date: \_\_\_\_\_

I, ( \_\_\_\_\_ ), would like to request for the consolidation of the following:

| Account number | Card no. | Plate Number | Remaining Balance |
|----------------|----------|--------------|-------------------|
|                |          |              |                   |
|                |          |              |                   |
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|                |          |              |                   |

**to this Mother account:** \_\_\_\_\_ and the preferred date of processing is on \_\_\_\_\_. *(Please take note that during the consolidation process, accounts requested will not be available for use.)*

\_\_\_\_\_  
Customer's Signature                      Contact Number                      E-mail Address

Requirements:

- Surrender the Easytrip card
- Photocopy of Valid ID
- Processing time up to 3 working days
- if with negative balance to  settle or  deducted to Mother account.

*Note: INCOMPLETE details will not be processed.*

**For CSC/POS use only:**

Received by: \_\_\_\_\_                      Location: \_\_\_\_\_  
Date: \_\_\_\_\_