

SUBSIDIZED DIESEL - ADD/REPLACE/CANCEL SHELL CARD APPLICATION FORM



To : SUPERKAD SERVICES SDN BHD (335679-T) (Tel No: 03-7494 8181; Fax No: 03-7494 8282)

From *Company/Individual Name : _____

+*Company/Individual Address : _____

[*Delete Whichever Not Applicable]

Date: --

+ If you have changed your address or contact person, please fax in your change of address notice or letter via your company's letter head

Shell Card Account No: (compulsory)

Tel No: -

(A) Please issue **NEW / REPLACEMENT** SHELL CARD(s) for our vehicle(s), details as follows: [Type or write clearly in BLOCK LETTERS & note that all cards issued will be PIN-based cards]

Shell Card Driving your business ahead				Odometer Reading (tick)	**Purchase Restriction (Compulsory) Kindly refer to Purchase Restriction Menu A & B and indicate the Profile Name (ie : A1)
No.	Cardholder's Name (SKDSxxxxxxxxx) Maximum 22 characters	Vehicle Registration No. (compulsory)	Dept. using vehicle		
1.					
2.					
3.					
4.					

We agree to the following charges of (a) RM10.00 for each REPLACEMENT card issued for change of driver/vehicle no./product/odometer reading and/or (b) RM10.00 for each LOST card replaced.

** If specific Profile Name is NOT indicated, a default profile of 2 (two) transactions a day with a limit of RM2,000 a day will be imposed on the card.

(B) Please **RETURN** card(s) with this form for Official **CANCELLATION** subject to the Shell Card Cardholder Agreement Clause 2.8.

CARD NO.	Vehicle Reg. No. / Cardholder's Name	** Reason For Cancellation (If replacement is required but vehicle OR driver has changed, kindly fill-up column A above)	Replacement Required Yes / No
1. <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="1"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
2. <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="1"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
3. <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="1"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

*** Please indicate reason for card cancellation i.e. card lost/damaged/expired, vehicle sold, cardholder resigned, etc.

Authorized Signature: _____

Name : _____

NRIC : _____

(Compulsory for Individual A/C)

Designation : _____

(Compulsory for Company A/C)

Company Official Stamp
(Compulsory and applicable for Company Account Only)