

SHELL CARD ADDITIONAL/REPLACEMENT/CANCELLATION CARD APPLICATION FORM



To : SHELL MALAYSIA TRADING SENDIRIAN BERHAD (6087-M) (Tel No: 1300-22-8181; Fax No: 1300-82-8283)

From Company Name : _____

Company Address : _____

Date: - -

+ If you have changed your company 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 Your Partner On The Road					Please tick products required (compulsory)								**Purchase Restriction (Compulsory)	
No.	Cardholder's name (Maximum 22 characters)	Vehicle Registration No. (compulsory)	Vehicle Model (ie:Wira) (compulsory)	Dept. Using Vehicle	Odometer Reading	V-Power Racing	V-Power 97	FuelSave 95	Shell Diesel	Lubricants	Servicing	Vehicle Wash	Shell Select Shop	Kindly refer to Purchase Restriction Menu A & B and indicate the Profile Name (ie : A1)
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 usage limit is not provided, 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"/> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
2.	<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="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"/> <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="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 : _____

Designation : _____

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

Compulsory