

**MEMBER FEEDBACK FORM****CONTACT DETAILS**

UR CARD NUMBER :			
TITLE*:	MR. / MRS. / MS. / DR. / OTHERS (PLEASE SPECIFY): _____	SEX:	M / F
FULL NAME:		DATE OF BIRTH (DD/MM/YYYY):	
NRIC NUMBER:	NATIONALITY:	RACE:	
ADDRESS:			
TEL NO:	FAX NO:	MOBILE NO:	
EMAIL ADDRESS:			

ADMINISTRATION

CARD ISSUES:		UR POINTS ISSUES:		WEBSITE ISSUES:	
<input type="checkbox"/>	Card Loss	<input type="checkbox"/>	Bonus Not Received	<input type="checkbox"/>	Inability to Login
<input type="checkbox"/>	Unregistered Card	<input type="checkbox"/>	UR Points Not Available in the System	<input type="checkbox"/>	First Time Login Issues
<input type="checkbox"/>	Card Unreadable	<input type="checkbox"/>	Inaccurate UR Points Count	<input type="checkbox"/>	Forgotten Password
<input type="checkbox"/>	Replacement of Card	<input type="checkbox"/>	Insufficient UR Points	<input type="checkbox"/>	Incorrect Card No.
<input type="checkbox"/>	Damaged Card	<input type="checkbox"/>	Inaccurate UR Points Balance	<input type="checkbox"/>	Incorrect ID/NRIC No.
<input type="checkbox"/>	Card Discrepancies	<input type="checkbox"/>		<input type="checkbox"/>	Incomplete Personal Details
<input type="checkbox"/>	Additional Card	<input type="checkbox"/>		<input type="checkbox"/>	Unable to Connect to the SMS System
<input type="checkbox"/>	Inactive Card	<input type="checkbox"/>		<input type="checkbox"/>	

Others (Please Specify):

FOR MERCHANT OFFICE USE ONLY**FOR UR OFFICE USE ONLY**

APPROVED BY: _____	RECEIVED BY: _____	APPROVED BY: _____
COMPANY STAMP AND SIGNATURE	NAME / SIGNATURE	NAME / SIGNATURE
REMARKS:	REMARKS:	

For Official Use