

**MERCHANT FEEDBACK FORM****MERCHANT DETAILS**

BUSINESS NAME:			
BUSINESS REG NO:		DATE OF SIGNUP:	
MERCHANT ID:		TYPE OF BUSINESS:	
BUSINESS ADDRESS:			
TEL NO:		FAX NO:	MOBILE NO:
EMAIL ADDRESS:		WEBSITE ADDRESS:	

CONTACT PERSON DETAILS

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:	TERMINAL ISSUES:
Co-Brand Card Inactive	Bonus Not Received	Unable to Print Receipts
Loss of Co-Brand Card	UR Points Not Available in the System	Unable to Login to the System
Damaged Co-Brand Card	Customer UR Points Count Inaccurate	Network Busy Errors
	Unable to Verify UR Points Transactions	Damaged Terminal
	Unable to Proceed with Redemptions	Loss of Terminal

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