

Corporate slot cancellation form

Company Name: _____ Corporate No.: _____

Corporate slot (please indicate which slot to be cancelled): _____

Cancellation Date: _____

Bank information for refundable deposit

Bank name: _____

Branch: _____

Bank Account type and number: _____

Account Holder's Name (exactly as registered with the bank): _____

Contact Person in Company: _____

The company agrees to the cancellation of the corporate slot

Name of Company Representative (With the authority to cancel the corporate slot):

Title: _____

Signature: _____ Date: _____

Tel: _____ E-mail : _____

Reason for corporate slot cancellation: _____

