

Deposit Refund Form

Company details Name: Instructions Address: Please submit the following documents along with this deposit refund request form: 1. Original deposit receipt with proper stamps 2. Copy of the bill of lading 3. Copy of receipt for local charges Note Please allow us four working days to Please issue the cheque in the name of: process your deposit refund and ensure (Name must be identical to the party to collect your cheque from our Customer appearing on the deposit receipt): Service desk within ten days of request at the latest. Date of request: _____ /___- 2008