

# ACCOUNT CLOSURE FORM



## Razer Pay Account Details

Registered Mobile No.:	
Current Balance in the Account:	

## Contact Details (Per Razer Pay Account)

Full Name:	
Email:	
Residential Address:	

## (ONLY FOR ACCOUNTS REQUIRING A REFUND) Verification & Bank Account Details

*NRIC/Passport No.:	
Bank Name:	
Account Name:	
Account No./**IBAN	
**Bank Address:	
**Swift Code:	

\*Please provide a photocopy of your NRIC/Passport if you are an unverified user.

\*\*Applicable if your bank is outside of the country in which your Razer Pay account is registered.

### Terms and Condition:

1. You agree to the applicable bank charges and fees to be deducted from your current account balance.
2. Kindly email the digital copy of this form and supporting documents in JPEG or PDF to <https://support.razer.com/razer-pay/contact-us>.
3. Please allow 30 working days for processing of your refund from the date we receive a duly completed Account Closure Form and all relevant supporting documents from you.
4. For further information and reference, please go to: <https://www.razer.com/legal/razer-pay-terms-conditions>.

I, \_\_\_\_\_, hereby agree to accept the terms and conditions set forth above.

Signature:

Date:

## For Office Use

Prepared By:	Checked By:	Verified By:	Credited /Approved By:
Date:	Date:	Date:	Date:

Current balance in the account	
Closed account fee	
Applicable taxes (if any)	
Other charges (if any)	
Net balance to be refunded	

### Finance Sign-Off:

Prepared By:	Checked By:
Date:	Date: