TRANSACTION LIMIT INCREASE REQUEST FORM

NO : _____

A. MERCHANT DETAILS	
1. Company Name	
2. Merchant ID	
B. TRANSACTION LIMIT REQUEST	
1. Transaction Limit Request	. 0 0
2. Reason	

C. AGREEMENT

a. I / We confirm that the information given herein by me / us is true and correct.
b. I / We agree to fully responsible on any dispute and/or discrepancy of payment to be found from the transaction(s) made.

Name:		Signature & Company Stamp	
Designation:			
Date:	DD MM YYYY		

D. FOR OFFICE USE ONLY

1. Current Transaction Limit	. 0 0		
2. New Transaction Limit Given	. 0 0		
Acknowledged by: (Name & Signature)		DD MM YYYY	Please select, (**X**)
Approved by: (Name & Signature)		DD MM YYYY	☐ Approve
System Updated by: (Name & Signature)		DD MM YYYY	☐ Reject