To : **Shell Card Customer Service** (Monday to Friday, 8.30am to 6.00pm)
Email Address : generalcardrequests-sg@shell.com
Helpline Number : 1800-261-5322
Fax Number : 6263-2855

ACCOUNT TERMINATION FORM

Account Name			
Account Number		Contact Number	
Email Address			
[B] ACCOUNT CLOSURE			
Reason for Account Closure (please tick one✓)	☐ Better offer from other vendor ☐ Unsatisfied with the service provided: _____ ☐ Unstatisfied with station network: _____ ☐ Other reason: _____		
[C] REFUND (IF ELIGIBLE)			
Refund Eligible refund(s) shall be made payable via:	Giro Bank Name: _____ Bank Account Number: _____ Beneficiary Name: _____ Bank Address: _____ Branch Code: _____ Contact Number: _____		
	Cheque Mailing Address: _____ _____ _____ Note: Please expect a longer processing time for refunds made by cheque		
[D] COMPULSORY FIELD			
***AUTHORISED PERSONNEL**		***SIGNATURE**	***COMPANY STAMP**
*NAME _____ *JOB TITLE _____ *TELEPHONE _____			