asia pay   **siampay**

Merchant Request Refund Form

Please submit your request **by fax at (662) 642 3279**

☑ **Merchant Information**

Merchant ID		Submission Date	/ / (DD/MM/YY)
Merchant Name			
Contact Person		Contact Number	

☑ **Refund Request Information**

	Transaction Date	Payment Reference No.	Payment Card Type	Currency	Original Transaction Amount	Request Refund Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please note that the Payment Reference Number is the number generated by SiamPay System.

Merchant Authorized Signature & Company Seal: _____ Date: _____

☐ **AsiaPay Internal Use**

Received by:		Date:	/ / (DD/MM/YY)
Operated by:		Date:	/ / (DD/MM/YY)
Reviewed by:		Date:	/ / (DD/MM/YY)