

FORM B



Amend / Delete Authorisation Form

Date	<input type="text"/>
Station Name	<input type="text"/>
Requester Name	<input type="text"/>
Mobile No.	<input type="text"/>

IMPORTANT :
Requester must be an existing registered person in the Wira Caltex database in either **Station Owner / Investor** or **Station Management** category to enable us to validate the form.

Information in Database

Registered Name In System (Current)	<input type="text"/>
Registered Mobile Number (Current)	<input type="text"/>

Please (✓) where required :-

NEW INFORMATION:

<input type="checkbox"/>	Amend Name (New)	<input type="text"/>
<input type="checkbox"/>	Amend Mobile Number (New)	<input type="text"/>
<input type="checkbox"/>	Amend Station (New)	<input type="text"/>
<input type="checkbox"/>	Amend Category (New) <i>(example - Station Owner / Investor, Station Management or Station Staff)</i>	<input type="text"/>
<input type="checkbox"/>	Add Station (New) <i>(for Station Owner / Investor & Station Management only)</i>	<input type="text"/>
<input type="checkbox"/>	Delete Registered Name In System (example - resignation of Station Management personnel)	
<input type="checkbox"/>	Delete Incentive Claim Submission	Date of Submission: <input type="text"/> Receipt Number: <input type="text"/> Receipt Amount: RM <input type="text"/>
<input type="checkbox"/>	Others - please specify _____	<input type="text"/>

Requester Signature:

Station Rubber Stamp / Chop:

Submission Method:

1. Take a photo of this completed form and WhatsApp to the WIRA CALTEX Support Line (+60108441779)
2. File the hardcopy of this form at your station for future references
3. Upon completion of the request, WIRA CALTEX Support Line will update requester via WhatsApp