CUSTOMER REFUND REQUEST FORM

Request Date   _____

Supported Documents:

☐ APM Terminals Invoice Copy
☐ Payment Receipt
☐ No Objection letter
☐ Customs Declaration form

Company Information
Name/Consignee: _____
Address: _____
E-mail: _____
Phone Number: _____
IBAN: _____

Please note:
We may contact you to gather further details about your refund request in order to improve our product and customer service

Please provide a detailed explanation of the reason why you are asking for refund:

For Internal use:

The customer acknowledges and confirms to have read and understood the Terms of Business (which is available on our website)