

	Date /
TL DEPOSIT CANCELLATION/REFUND FORM	
Card Holder Informations	
Name Surname	
Mobile No	
E-mail Address	
ParamKart/ Account Number	
* You can write transaction details about card or IBAN informations.	
Name and Surname on the Card	
Last 4 digits of the Card Number	
Card Issuing Bank	
IBAN	
Name, Surname of the IBAN Owner	
Transaction Date	
Transaction Amount	
Required Refund/ Cancellation Amount	
Reason for Refund/ Cancellation	Payment made to incorrect ()
	I dont want to use ()
	Other ()
	Details:
I here by declare that the the information I have provided is true and correct. Please refund/ cancel the transaction and make the payment to the IBAN/ prepaid/ debit/ credit card written above	
*I aprove that the amount of fees or commissions charged in TL deposit and transfer will not be refunded.	
	Name Surname
	Signature
After filling out and signing this form, please send it to the email address destek@param.com.tr	