

JS Intech Solutions Sdn Bhd

Voucherlink Software Account Deletion Authorization form

Date: _____

Account Holder Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Account Deletion Request:

I, the undersigned, hereby request the deletion of my account from the voucherlink platform. I understand that requesting this action, all data associated with my account will be permanently deleted and cannot be recovered.

Reason for Deletion (optional):

Acknowledgment:

I understand that deleting my account is a permanent action and cannot be undone. I acknowledge that all my data, including any rewards, points, and personal information, will be permanently deleted from the system. I confirm that I am the rightful owner of the account associated with the above details.

Signature:

Signature of User

Date

For Internal Use Only:

Request Received By: _____

Date of Request Received: _____

Account Deletion Processed By: _____

Date of Account Deletion: _____