

## TERMINATION OF MEMBERSHIP

**Member Name :** \_\_\_\_\_ **Member ID** \_\_\_\_\_  
**IC / Passport No.:** \_\_\_\_\_ **Contact No. :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Reason of Termination :**

\_\_\_\_\_

Please place original IC / Passport (from side only) on the column provided, take a picture / scan and email to members@better.com.my

Place your original IC/Passport here (front side only)

By signing below, I understand that my BETTER membership will be terminated, and I will no longer be able to receive the BETTER member benefits, including discount on products, BETTER Referral Commission and BETTER e-Vouchers.

\_\_\_\_\_  
Signature : \_\_\_\_\_ Date :

**For Office Use Only :**

**Date Received :** \_\_\_\_\_ **Remarks :** \_\_\_\_\_