

Request for the Cancellation of a Petrol Business Payment Card

Business partner:_____
(Tax number)_____
(Business partner code)_____
(Business partner name)_____
(Name and surname)**We hereby request the cancellation of the following Petrol business payment card (Please tick the reason for cancellation):**

Last 4 digits of the card

Vehicle registration number/inscription on card

 DEACTIVATION **DAMAGED** **LOST** **OTHER** _____ **STOLEN****We request a replacement card with the same vehicle registration number or inscription on card:** **YES** **NO****NOTE: If the cancelled card was registered in the DarsGO system, the new card must be registered again.****Signature of the legal representative (if the request is not submitted through the e-Business Portal)**_____
(Name and surname)**Date:** _____**Stamp and signature:** _____