

eNPQS
Top-Up of Payment_Dishonoured Cheque Form

(for official use)

Date Received : _____

Request No: _____

Part I. Details (to be completed by Applicant)

Top-Up of Payment **Dishonoured Cheque**

*Please tick where applicable

Original Cheque No. and Date _____

Subsequent Cheque(s) No. and Date _____

Subscription ID _____

(Please attach a copy of the Registration Acknowledgement Page)

Top-Up Amount _____

Applicant's Name _____

Address _____

Contact No _____

Email Account _____