



# REFUND REQUEST FORM

JUN 2020

DATE REQUESTED: .....

STUDENT NUMBER: .....

CONTRACT NUMBER: .....

AMOUNT TO REFUND: N\$ .....

INTEREST AMOUNT TO REFUND: N\$ .....

REASON: .....

STUDENT FULL NAME: .....

ID NUMBER: .....

NATIONALITY: .....

CONTACT NUMBER (W): ..... (CELL): .....

CONTACT NUMBER (H): .....

POSTAL ADDRESS: .....

TOWN/CITY: .....

EMAIL ADDRESS: .....

**BANK INFORMATION**

ACCOUNT HOLDER: .....

BANK NAME: .....

ACCOUNT NUMBER: .....

ACCOUNT TYPE: .....

BRANCH CODE: .....

BRANCH NAME: .....

Completing a refund request does not automatically qualify the individual to receive the refund. A thorough review of all accounts will be conducted and the refund value will be used to clear arrears (if any) after which the remainder will be paid to the client. Confirmation of refundable amount and refund may take up to 30 days from date of submission.

**Date stamp**

Client Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

DATE RECEIVED: .....

STAFF NAME: .....

TOTAL PAGES INCLUDED: .....

FORWARD TO: ..... DATE: .....

FINDINGS AND PROGRESS: .....

ENSURE THE FOLLOWING IS ATTACHED:

LATEST PAYSリップ/BANK STATEMENT AS PROOF OF ACCOUNT NUMBER.

PROOF OF IDENTIFICATION