

REFUND REQUEST FORM (REJECTED APPLICATION)

DETAILS FOR REQUESTED REFUND

NAME OF COMPANY NAME OF APPLICANT(S) PASSPORT NO.(S)	::			
PASS TYPE AMOUNT (INCLUSIVE SST)	□ EP : RM	D PVP	□ DP	□ LT-SVP
REASON	🗆 Reje	cted Appli	cation	

BANK DETAILS

BANK ACCOUNT/ CARD HOLDER NAME:PASSPORT / IC NO.:BANK ACCOUNT/ CARD NUMBER:NAME OF BANK:

Note: Beneficiary details (Account Name/Passport No.) as registered with the bank.

SUPPORTING DOCUMENTS

□ MYXpats invoice (*payment receipt generated in ESD system*)

□ Bank statement of the transaction (*with account holder name and account number*)

□ ESD rejected Employment Pass/Professional Visit Pass application and Dependent Pass/Long-Term Social Visit Pass email notification(s)

DECLARATION

I, ______ (endorser/director listed in SSM) and ______ (passport/IC no.) would like to request a refund for rejected Employment Pass/ Professional Visit Pass/ Dependant Pass/ Long-Term Social Visit Pass application. I understand that company **can no longer appeal after initiation of this refund** and may apply a new pass application after six (6) months from the rejection of application date, if required.

Name and Signature:	Date:

Note:

1) The funds will be returned to whatever payment method (credit card, bank account) that the payer initially used to make the payment.

2) Refund request can only be processed within six (6) months from the application rejection date. Any refund request after six (6) months will not be entertained.

3) In cases where an appeal is submitted, a refund request will not be applicable.