REFUND REQUEST FORM (REJECTED APPLICATION)

DETAILS FOR REQUESTED REFUND

NAME OF COMPANY :
NAME OF APPLICANT(S) :
PASSPORT NO.(S) :

PASS TYPE ☐ EP ☐ PVP ☐ DP ☐ LT-SVP

AMOUNT (INCLUSIVE SST) : RM

REASON ☐ Rejected Application

BANK DETAILS

BANK ACCOUNT / CARD HOLDER NAME :
PASSPORT / IC / ROC NUMBER :
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 Company Information) 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 date of the application, if required.

Name and Signature:	**Date:**