

REFUND REQUEST FORM

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 Double payment
 Other reason: _____

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)

DECLARATION

I, _____ (endorser/director listed in SSM) and _____ (passport/IC no.) declare that all information provided above is true and correct.

Name and Signature:	Date:
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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 submission date. Any refund request after six (6) months will not be entertained.

FOR OFFICE USE ONLY

Transaction ID:

COMMENTS, if any: