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 / 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)*

DECLARATION

I,_____(Endorser / Director listed in SSM Company Information) and _____ (Passport / IC No.) declare that all information provided above is true and correct.

Name and Signature:	**Date:**

FOR OFFICE USE ONLY

Transaction ID:

COMMENTS, if any: