

**REFUND REQUEST FORM****DETAILS FOR REQUESTED REFUND**

NAME OF COMPANY :  
NAME OF APPLICANT (S) :  
PASSPORT NO :  
PASS TYPE  EP  PVP  DP  LT-SVP  
AMOUNT : RM  
REASON  Double payment  
 Other reason: \_\_\_\_\_

**BANK DETAILS**

BANK ACCOUNT/ CARD HOLDER NAME :  
BANK ACCOUNT NUMBER :  
NAME OF BANK :  
BANK BRANCH (eg: pulau pinang, melaka, johor):

**SUPPORTING DOCUMENTS**

- MYXpati invoice (*payment receipt generated in system*)  
 Bank statement of the transaction (*with account holder name and account number*)

**DECLARATION**

I, \_\_\_\_\_ (name) and \_\_\_\_\_ (passport/IC number)  
declare that all information provided above is true and correct.

<b>Name and Signature:</b>	<b>Date:</b>
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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:**