

## 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

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

### DECLARATION

I, \_\_\_\_\_ (endorser/director listed in SSM) and \_\_\_\_\_ (passport/IC number)  
declare that all information provided above is true and correct.

<b>Name and Signature (Endorser/Director listed in SSM):</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: