IMPERIA COLLEGE		
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REFUND APPLICATION FORM		
Doc No.: ACC 04	**Rev. No. : 0**	**Effective Date : 01.01.2020**

1.0 Student Details :

Name (as in NRIC/Passport) _____   Student ID No. _____
NRIC/Passport No. _____   Programme _____
Contact Tel No. _____   Mailing Address _____
E-mail Address _____

2.0 Application Refund For (Please Tick) :

☐ Security Deposit/Personal Bond   ☐ Excess Fees   ☐ Others (Please Specify) _____

3.0 Reason(s) For Refund (Please Tick) :

☐ Completion of course/Graduate   ☐ Withdrawal   ☐ Others (Please Specify) _____

4.0 Mode Of Refund (Please Tick) :

☐ Collect Personally   ☐ Deposit to My Account No   (Bank) _____ Acc No. : _____
Name of Account Holder (Third Party) _____   Ctc Tel No. : _____

5.0 Checklist Document (s) Returned/Submitted :

☐ Student Card   ☐ Letter of withdrawal   ☐ Others (Please Specify) _____
☐ Library Card   ☐ Letter of authorization if payment is requested to be made to a third party

NOTE : If the student ID Card/Library Card are not returned, a deduction of RM50.00 per Student ID Card will be deducted from your refund amount

6.0 Declaration :

☐ I understand that the refund will be in accordance to the refund policy of the college
☐ I also understand that the net amount refunded to me is after the deduction of all account outstanding to the college

Signature of student   : _____   Date : _____

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7.0 To Be Completed By Library :

☐ Library Card   ☐ All Books Returned   ☐ No Please Fine Amount RM _____

Verify by   : _____   Date : _____

8.0 To Be Completed by A&R Department :

☐ Student Card   ☐ Letter of withdrawal   ☐ No.Please Fine Amount RM _____

Verify by   : _____   Date : _____

9.0 To Be Completed by Account Department :

Refund	**Sub Total (RM)**	**Total (RM)**
Amount For Refund: Security Deposit :		
Personal Bond :		
Excess Fees :		
Others Please Specify :		
Deductions : Student Card Fine :		
Library Fine :		
Breakage/Damage/Loss :		
Administrative Charge :		
Courier Charges :		
Bank Charges :		
Others Please Specify : :		
TOTAL REFUNDABLE AMOUNT :		

Checked by :   **Approved by:**

Head of Operation : _____   **Chief Executive Officer (CEO)** : _____

Date : _____   **Date** : _____