

REFUND FORM

EDURITE CONSULTING

Date	
Student Name	
Citizenship	
Date of Birth	
Address	
E-Mail	
Phone Number	

I hereby request you to refund an admission processing fee due to

_____ on the following bank account:

Beneficiary: _____

Bank Name: _____

IBAN/Account No: _____

Signature

Date

Refund Policy

Your payment if any will be refund after 60 Working Days.