

REFUND REQUEST FORM (REJECTED APPLICATION)

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	☐ Rejected Application	
BANK DETAILS		
BANK ACCOUNT/ CARD HOLDER NAME PASSPORT / IC NO. BANK ACCOUNT/ CARD NUMBER NAME OF BANK Note: Beneficiary details (Account Name	: : : : : e/Passport No.) as registered with the bank.	
SUPPORTING DOCUMENTS		
☐ MYXpats invoice (payment receipt ge	enerated in ESD system)	
☐ Bank statement of the transaction (v	vith account holder name and account numbe	er)
☐ ESD rejected Employment Pass/Profe Social Visit Pass email notification(s)	essional Visit Pass application and Dependent	t Pass/Long-Term
DECLARATION		
Social Visit Pass application. I understan	(endorser/director listed in SSM Company ejected Employment Pass/ Professional Visit P and that company can no longer appeal after b) months from the rejection of application da	Pass/ Dependant Pass/ Long-Term initiation of this refund and may
Name and Signature:	Da	ate:

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 application rejection date. Any refund request after six (6) months will not be entertained.
- 3) In cases where an appeal is submitted, a refund request will not be applicable.