

UPDATED: DECEMBER 2024

International Student and Mobility Centre (Visa Unit)
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VISA REFUND FORM

A. APPLICANT'S DETAILS	(CAPITAL LETTER)				
Applicant's name:					
Passport Number:					
Email:					
Contact Number:					
Dependent's Name (if applicable)					
Dependent's Passport Number:					
B. PAYMENT DETAILS					
Amount (RM):					
Receipt Number:					
C. BANK ACCOUNT DETA	LS				
Applicant's Name:					
Name of the Bank:					
Applicant's Bank Account Number:					
D. REQUIRED DOCUMENT	S CHECKLIST		PLEASE TIC VERIF		
			APPLICANT	STAFF	
1.A Copy of Passport (Front Page an	d current student pass)				
2. A Copy of Passport (Front Page and current pass validity: if the applicant is dependant)					
3. A copy of Payment Receipt					
4. A copy of Bank Statement with your bank account details					
5. Reason for Refund (**compulsory):					
	Rec	ceived by:			

E.	TYPE OF REFUND	PLEASE TICK (/) ONE
a)	Unintentionally Transfer (Not related with application)	
b)	Withdraw Application	
c)	Payment Overpaid	

**Important Note: Kindly take note that the refund request should be submitted within 90 days and must be in current year. The application process will take up to 6-7 months and depends on EMGS approval.			
APPLICANT SIGNATURE:			
DATE:			

F. FOR OFFICE USED ONLY			
EMGS APPROVAL:	Refund Application No.:		
APPROVED			
NOT APPROVED			
AMOUNT APPROVED (RM):	Remarks:		
AWOON AT NOVED (KW).			
E- PROCUREMENT REF. NO (If any)			
Certified by:			
·	Approved by:		
	(Officer stamp and Signature)		
Date:			

MFM/RF/12_24