REQUEST FOR REFUND FORM
Italy in South Africa

- *Kindly complete the below details to assist us in processing the refund request*
- *All fields are mandatory and incomplete information will delay the processing of your refund. Please complete all highlighted fields above and below.*
- *Ensure that original proof of payment along with this completed request for refund form is submitted*
- *Signature of Applicant and VFS Centre supervisor is required.*
- *All payments will only be paid into a South African Banking Account*
- *No payments will be done to a credit card number provided*

Applicant Information Required

Name of applicant	*<Mandatory>*	**Beneficiary Reference number on payment**	*<Mandatory>*
Date application was submitted	*<Mandatory>*	**Refund Amount**	*<Mandatory>*
Method of payment used to pay	*<Mandatory>*	**Date of Payment**	*<Mandatory>*
Email id of applicant	*<Mandatory>*	**Contact Number**	*<Mandatory>*

Reason for Refund: *<Mandatory>*

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The following Banking Details are essential:

Account Holders Name	*<Mandatory>*
Bank Name	*<Mandatory>* **Branch Code:** *<Mandatory>*
Account Number	*<Mandatory>*
Signature of Applicant	*<Mandatory-Ink>* **Date:** *<Mandatory>*
Signature of Supervisor	*<Mandatory-Ink>* **Date:** *<Mandatory>*

Refunds will take up to 30 calendar days to process

Declaration – I hereby acknowledge that my personal and Banking Details are correct and I will be responsible for any delay/incorrect transfer due to incorrect/incomplete information provided by me