

<b>1. Contact Information</b>	
Full Name	
Address	
Postal Code/City/ Country	
Email Address	
Phone Number	
<b>2. Program Information</b>	
Program / Name	
Registration Date	
Amount Paid (€)	
Additional	

### 3. Reason for Refund Request

Please indicate the reason for your cancellation and provide any relevant details.

- I can no longer attend the program (personal cancellation)
- The program was cancelled by Kingdom Education Mission Euro Ry
- The program schedule or content was significantly changed

• Other:

### 4. Supporting Documents (if applicable)

Please attach any relevant documentation, such as:

- Payment confirmation or receipt
- Email correspondence regarding registration or cancellation
- Medical certificate (if applicable under special circumstances).

### Refund Preference

- Refund to original payment method
- Bank transfer (please provide account details below)
- Other (please specify):

Bank Account Details (if applicable):	
Account Holder Name	
IBAN	
Account Holder Name	
BIC / SWIFT	
Bank Name	

**5. Declaration and Signature**

I confirm that the information provided in this form is true and accurate. I understand that refunds are processed in accordance with the Terms and Conditions of [Kingdom Education Mission Euro Ry](#) and may take up to 30-45 business days to be completed.

**Signature**

Name : \_\_\_\_\_

Date : \_\_\_\_\_

.....\*\*\*\*\*.....

**For Office Use Only**

**Field Details**

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Refund Approved / Denied  Approved  Denied

Refund Amount (€) \_\_\_\_\_

Reason for Denial (if applicable) \_\_\_\_\_

Processed By \_\_\_\_\_

Date Processed \_\_\_\_\_