

Declaration Letter for Refund Beneficiary's Compliance Information

Beneficiary's Full Name: _____

Beneficiary's Complete Address: (most recent address)

Apartment/Unit No: _____ Building Name: _____

Street Number: _____ Street Name: _____

Suburb: _____ City/Town: _____

State/Province: _____ ZIP/Postcode: _____

Country: _____

Beneficiary's Date of Birth: _____

Beneficiary's Place of Birth: _____

Beneficiary's Nationality: _____

Beneficiary's Father's Full Name: _____

Beneficiary's CNIC: _____

Beneficiary's Passport Number: _____

Confirm if the Beneficiary's Passport photo is provided: ☐ Yes

✓ *I confirm that all the above refund beneficiary's compliance information is accurate and true.*

✓ *I understand that any incorrect or incomplete information may result in a delay or failure to process the refund payment. In that case, I will take responsibility for all risks and losses, including bank charges incurred.*

Student name: _____

Student ID: _____

Student Signature: _____

(Must be handwritten)