

REQUEST FOR DORMITORY FEE REFUND

1. Last (family) name:................................................ 2. First (given) name(s):..........................................

3. Program/Year: ……………………..……………. 4. Neptun code: ………………………………….

5. Nationality:............................................................. 6. Date of birth: ......................................................

7. E-mail: …................................................................ 8. Phone number: ………………………...………

reason: rejected visa

 didn’t received visa on time

 passive semester

 deregistration

 overpayment

 deposit refund

 other: ………………………………………………………………………………………….

Bank details:

1. Bank’s name:.....................................................................................................................................................
2. Bank’s address:..................................................................................................................................................
3. IBAN number: \_ \_ - \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_
4. SWIFT/BIC code (8 or 11 digits): .....................................
5. Bank account’s currency:……………………………..
6. Bank account’s holder name:............................................................... Nationality:......................................
7. Address of the Bank account’s holder:...........................................................................................................
8. other information: ……………………………………………………………………………………………

*If your bank account is located in countries outside the European Economic Area you should provide the correspondent/intermediary bank details:*

1. Correspondent bank’s name: ........................................................................................................................
2. Account number: ...............................................................
3. SWIFT/BIC code (8 or 11 digits): .....................................
4. ABA/Routing number (9 digits): .....................................

Date:.......... .......................... 20........ Signature:...................................................

Official Use Only!