

STAFFORD VALLEY

Refund Request Form

Student Details

Full Name: _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Email Address: _____

Phone Number: _____

Address: _____

Course Information

Programme Name: _____

Intake (e.g., Feb 2026 / Sept 2026): _____

Student ID (if applicable): _____

Course Start Date: _____

Refund Details

Reason for Refund Request (tick one):

Visa Refusal

Withdrawal Before Course Start

Course Cancellation by Institution

Other (please specify): _____

Amount Paid (EUR): _____

Amount Requested for Refund (EUR): _____

Payment Method Used: Bank Transfer Credit Card Other: _____

Bank Details for Refund

(Refunds will be made only to the original payer's account)

Account Holder Name: _____

Bank Name: _____

Account Number / IBAN: _____

SWIFT / BIC Code: _____

Bank Address: _____

Supporting Documents

Please attach the following (as applicable):

- Copy of Passport
- Proof of Payment
- Visa Refusal Letter (if applicable)
- Admission Letter
- Other Supporting Documents

Declaration

I hereby confirm that all information provided above is true and complete.

I understand that false information or incomplete documentation may delay or cancel the refund process.

Student Signature: _____ Date: _____

For Office Use Only

Received By: _____ Date Received: _____

Reviewed By: _____ Approved Refund Amount (EUR): _____

Authorized Signature: _____ Date of Approval: _____