

# Studentsafe – Premium refund application form



- Please complete this information in full.
- We may verify the information with the educational body where you are enrolled in your course.
- Premiums will not be refunded if you have made a claim.
- Send this form to: **Studentsafe PO Box 33313, Auckland**



## General

Under what policy are you making this application?

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> UNIVERSITY | <input type="radio"/> TECH              |
| <input type="radio"/> OFFSHORE   | <input type="radio"/> INTERNATIONAL     |
| <input type="radio"/> KIWI       | <input type="radio"/> VISITSAFE-EXPRESS |



## Student details

Student's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname/Family name	First name	Middle name
Date of birth	<input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female
	day month year		
Country of origin	<input type="text"/>		

Postal address refund to be sent to/or New Zealand Bank account details

Student's postal address

.....

.....

.....

New Zealand bank account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Account number	Suffix

If you supply a New Zealand bank account number the refund will be paid to that account.  
If you do not have a New Zealand bank account number you can nominate a friends account to facilitate payment.

Home phone number ( )	<input type="text"/>	Mobile phone number ( )	<input type="text"/>
Email address	<input type="text"/>		
Educational body	<input type="text"/>	Student ID number	<input type="text"/>



## Refund details

Study course <b>start</b> date this year	<input type="text"/>	Study course <b>finish</b> date this year	<input type="text"/>
	day month year		day month year

If this application is for OFF SHORE, KIWI, EXPRESS or PTE please enter the cover start and end dates here.

Date premium paid	<input type="text"/>	Date cancellation to be effective from	<input type="text"/>
	day month year		day month year
Reason for refund application:	<input type="text"/>		
	.....		
	.....		

Continue to list the details on a separate sheet if necessary

Approved by

Name	<input type="text"/>	Email	<input type="text"/>
Title at educational body	<input type="text"/>	Phone Contact Number	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>