Refund Request Form

I, the undersigned, paid the deposit (living fee) for an application for my student residence permit. My current address in the Netherlands is the one mentioned below.

I hereby request Erasmus University Rotterdam to refund the deposit.



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Full Name			
First Name	La	st Name	
Student number			
Deposit details			
Deposit amount in €	Date payment	Bank account number (fo	or refund)
Address			
Street Address			
House number			
Zip Code	City		
Signature			
I hereby certify the above information to be true and sign this document Date			
I will add the required annexe Proof that I am the accour Proof of payment of the de	nt holder of this bank ac	count (bank card/confirma	tion letter)

1.