

**Refund Form (v Aug 2019)**
**Franchisee Details:**

Full Name (Franchisee Name): \_\_\_\_\_

Franchisee Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Testator/Settlor Details:**

Testator/Settlor Name: \_\_\_\_\_

Purpose of Refund: \_\_\_\_\_

**Product and Services: (Please tick at below)**
**(a) Rockwills Corporation Sdn Bhd**

<input type="checkbox"/> Will	RM	_____
<input type="checkbox"/> Custody	RM	_____
<input type="checkbox"/> Training	RM	_____
<input type="checkbox"/> Others : _____	RM	_____

**(b) Rockwills Trustee Bhd**

<input type="checkbox"/> Private Trust Service	RM	_____
<input type="checkbox"/> Executorship Appointment	RM	_____
<input type="checkbox"/> Others : _____	RM	_____

**(c) Rockwills Business Solutions Sdn Bhd**

<input type="checkbox"/> Training & Seminar	RM	_____
<input type="checkbox"/> Others : _____	RM	_____
<b>Total</b>	RM	_____

**Mode of Refund :**
**Online Transfer** 

Bank holder name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Holder ID \_\_\_\_\_

(NRIC/Business registration number)

**\*Posting** 

Payable to \_\_\_\_\_

Full Address \_\_\_\_\_

Attention to \_\_\_\_\_

Telephone No \_\_\_\_\_

**Claimant's Signature (REP/Testator):**
**\*Collect By Hand (At Rockwills HQ)** 

Payable to \_\_\_\_\_

(Date: \_\_\_\_\_ )

**Note: 1) RM5.00 will be imposed for every cheque issuance for bank and postal charges\***
**2) Admin Fee RM20.00 will be imposed for reissuance of cheque**
**For Office Used:**

Approved By: \_\_\_\_\_

Approval amount of Refund:

Date: \_\_\_\_\_

RM \_\_\_\_\_

 Supporting Document Attach: Yes  No