



Request to Withdraw/Cancel/Refund an Application

(This Form May Be Completed By the Employer Only)

Note: Refunds can be given by Direct Deposit request or by Collecting a cheque, but collecting a cheque will result in a delay as checks are processed once a week and pick up between 9am - 1pm Mon - Fri

Withdraw Refund Cancel Direct Deposit Pick Up

Applicant/Employee Name as it appears in Passport - Surname (Last Names) Given Names (First Names) Maiden Name (if applicable)

Date of Birth Nationality Worker Reference No

Primary Employer Name (Company Individual) _____
Contact Name Phone
PO Box KY Code E-Mail

Cancellation Details - Explain below or use separate sheet of paper, if necessary

Effective Date to Cancel/Withdraw Application D/MMM/YY **Note:** If there is a formal complaint with the cancellation, please attach separately
Reason for Cancellation/Withdrawal/Refund
Provide further explanation, if applicable

I hereby cancel this application.

All cancellations must include clear copy of photo ID

Name - Print

Signature (Original signature - Not Agency)

D/MM/YY
Date

IMPORTANT INFORMATION

If requesting refund to be returned in a name different from that on the original receipt , your request must be in writing and the following documents must be submitted:

Sole Traders -
Must submit copy of their Trade & Business License along with copy of Picture ID

Companies -
Must submit copy of their stamped Annual Return & current Trade & Business License

If multiple persons are listed on the T&B or Annual Return, then each person must submit in writing that they are in agreement to a refund in a single person's name.

Official Use ONLY

Refund Due:

	Account	Amount
Application Type		
Receipt Date		
Receipt Number		
Refund Payable To		
Refund Authorised By	Date	