Cancellation and Refund Request

Name: _____ Group ID #: _____

Amount to be refunded in AED: _____
(Credit Card processing fees are non-refundable)

Signature: _____ Date: _____

Payment Method (select one):

☐ Cash

☐ Credit Card in office OR ☐ Credit Card Online

Credit Card Holder Name: _____

CC#: ___ ___ ___ ___ - ___ ___ X X - X X X X - ___ ___ ___ ___

(First 8 and last 4 digits)

☐ Paypal

Email address: _____

Completed refund forms must be submitted minimum one week prior to payment expiration. All payments are valid for 12 months from the date of purchase. Expired payments can not be refunded.

Office Use Only:

Submitted by: _____ Date: _____

GroupID #: _____ Jumpers: _____ Refund Amount: _____

Payment Method:

☐ Cash ☐ Credit Card in office ☐ Credit Card Online ☐ Paypal

For NI Refunds:

Original Amount: _____ Payment Date: _____ Auth Code: _____