



Student Pass and Visa Unit
Academic Services Department (ASD)
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VISA REFUND FORM

A. APPLICANT'S DETAILS (CAPITAL LETTER)		
Applicant's name:		
Passport Number:		
Email:		
Contact Number:		
Dependent's Name (<i>if applicable</i>)		
Dependent's Passport Number:		
B. PAYMENT DETAILS		
Amount (RM):		
Receipt Number:		
C. BANK ACCOUNT DETAILS		
Applicant's Name:		
Name of the Bank:		
Applicant's Bank Account Number:		
D. REQUIRED DOCUMENTS CHECKLIST		PLEASE TICK (/) TO VERIFY
		APPLICANT
1.A Copy of Passport (Front Page and current student pass)		
2. A Copy of Passport (Front Page and current pass validity: if the applicant is dependant)		
3. A copy of Payment Receipt		
4. A copy of Bank Statement with your bank account details		
5. Reason for Refund (**compulsory):		

Received by:

E. TYPE OF REFUND		PLEASE TICK (/) ONE
a)	Unintentionally Transfer (Not related with application)	
b)	Withdraw Application	
c)	Payment Overpaid	

****Important Note:**

Kindly take note that the refund request should be submitted within 90 days and must be in current year.

The application process will take up to 6-7 months and depends on EMGS approval.

APPLICANT SIGNATURE:

DATE:

F. FOR OFFICE USED ONLY

EMGS APPROVAL:

APPROVED ☐

NOT APPROVED ☐

AMOUNT APPROVED (RM):

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E- PROCUREMENT REF. NO (If any)

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Certified by:

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Date:

Refund Application No.:

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Remarks:

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Approved by:

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(Officer stamp and Signature)