



STUDENT REFUND CLAIM FORM

Student Number	
Student Name	
Financial Institution where the bank account is held	
Name of Bank Account Holder	
Bank Account Number	
Branch Code	
Claimant Contact Details:	
Email	

DISCLAIMER

The claimant is responsible for all information included in this form. The University accepts no responsibility/liability for any financial loss, delay, or consequences arising from incorrect, incomplete, or misleading information. By signing this form, the claimant confirms she/he adhere to the terms and conditions regulating student accounts at the University, as available on its website.

Claimant Signature	Date
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FOR NUST USE ONLY

Received By (Name)	Date
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STUDENT CHECKLIST

- Credit balance confirmed on the student account as of the current date
- A not older than 3 months bank confirmation or recent bank statement attached
- Signed authorisation for third-party payment (if applicable)

NUST Official Stamp: