



**Refund Claim Form
ePayment Transaction**

To :

Unit Hasil & Penerimaan
Bursar Department
H23 Building
Universiti Sains Malaysia
11800 USM
Pulau Pinang

Payer information

Name :
IC/Passport No :
Address :

Telephone No :
Email Address :

Payment Information

EP No :
Date :
Facility Type* : FPX Mastercard/Visa
Amount (MYR) :

Claim Information

Amount (MYR) :
Reason of Erroneous :
Payment

I hereby confirmed that the information above is true, correct and accurate. Herewith I attached:

- i. A copy of valid identification document
- ii. A copy of Bank Statement or the first page of the Passbook

Signature

Name :
IC/Passport No :
Date :

Note:

All information is mandatory to be completed. Please ✓ at the field mark *.