



Authorisation Letter

Please complete the fields below. All fields are required.

Date : _____

To : Finance & Business Analysis
Swinburne University of Technology Sarawak Campus
Jalan Simpang Tiga
93350 Kuching Sarawak
Malaysia

Dear Sir/Madam

RE: REFUND OF _____

This letter serves to inform you that I have authorised the following person (herein known as Authorised Beneficiary) to collect the above mentioned refund on my behalf.

Authorised Beneficiary's Details

Name : _____
NRIC no. /Passport no. : _____
Contact no. : _____
Email address : _____

Beneficiary's Bank Account Details

Name of Bank : _____
Full Bank Address : _____

Account holder's name : _____
Account holder's number : _____
Swift code / IBAN* : _____

*IBAN (compulsory for any English or European refunds)

Thank you.

Yours faithfully

Authoriser Name : _____
Authoriser ID : _____
Authoriser NRIC/Passport no : _____
Authoriser contact no. : _____
Authoriser email address : _____

*I confirm that I have obtained consent from the individual mentioned in this form and notified them of the University's Privacy Collection Notice in the processing and disclosure of their personal data for the purpose of this contract.