



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.