

## REFUND REQUEST

Accomplish this form and send to [nmatmarch2020refund@cem-inc.org.ph](mailto:nmatmarch2020refund@cem-inc.org.ph) on or before **April 10, 2020**.

### EXAMINEE INFORMATION

COMPLETE NAME (Last Name, First Name, Middle Initial)		CONTACT NUMBER
NMAT APPLICATION NUMBER	BANK REFERENCE NUMBER	EMAIL

### BANKING TRANSACTION INFORMATION

**DOMESTIC TRANSACTION**

(Refund will be in the form of a **check for payments made within the Philippines**)

**CHECK FOR PICK-UP**

You will be notified once payment is available. You may claim your check at the **CEM Cashier, 24<sup>th</sup> Floor Cityland Pasong Tamo Tower, 2210 Chino Roces Avenue, Makati City, MON-FRI 9:00-11:00 AM and 1:00-4:00 PM.**

**CHECK FOR DEPOSIT**

BANK NAME (Any bank may be accommodated but BPI, BDO, and Chinabank are preferred)	BRANCH
ACCOUNT NAME (Must be the same as check payee)	ACCOUNT NUMBER

**INTERNATIONAL TRANSACTION**

(Refund will be via **telegraphic transfer for payments made outside the Philippines**)

<b>BENEFICIARY DETAILS</b>	
COMPLETE NAME (Last Name, First Name, Middle Initial)	CONTACT NUMBER
COMPLETE ADDRESS	
<b>RECEIVING BANK DETAILS</b>	
BANK NAME	CONTACT NUMBER
BANK ADDRESS	
ACCOUNT NUMBER	SWIFT CODE

### Privacy Notice

The NMAT Secretariat is collecting personal information on this form in order to process the refund request detailed above. Only authorized employees will have access to this information. The NMAT Secretariat will not disclose this information unless consent is obtained or where the disclosure is required or authorized by or under law.