Premium Refund **Application Form**



This insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622 and underwritten by Mitsui Sumitomo Insurance Company, Limited (NZBN 9429039809810, FSP Number 20661) (Incorporated in Japan), ("MSI"), Level 8, 139 Quay Street, Auckland Central, Auckland, 1010, New Zealand.

- Please complete this information in full.
- We may verify the information with the educational body where you are enrolled in your course.
- Premiums will not be refunded if you have already made a claim.
- Send this form to: Studentsafe PO Box 33313, Auckland or email to help@insurancesafenz.co.nz

Student details		
Student's name		
Surname/Family name Fire	st name Mide	dle name
Date of birth / /	Gender □ Male □ Female □ Mx	
day month year		
Country of origin		
Postal address refund to be sent to/or New Zealand bank account details		
Student's postal address		
New Zealand bank account number		
Bank Branch Account number Suffix		
If you supply a New Zealand bank account number the refund will be paid to If you do not have a New Zealand bank account number you can nominate a		
	1	
Home phone number ()	Mobile phone number ()	
Email address		
Educational body	Student ID number	
Leader State	Stadent 15 Hamber	
Refund details		
Study course start date this year day month year	Study course finish date this year	month year /
Date premium paid / /	Date cancellation to be effective from	/ /
Reason for refund application:		
reason for ferula application.		
Continue to list the details on a separate sheet if necessary		
Approved by		
Name	Email	
Title at educational body	Phone Contact Number	
Signature	Date / /	