

Premium refund application form

This Studentsafe insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Global Assistance and is underwritten by Allianz Australia Insurance Limited trading as Allianz 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**

Student details

Student's name		
Surname/Family name	First name	Middle name
Date of birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Account number				Suffix												

If you supply a New Zealand bank account number the refund will be paid to that account.

If you do not have a New Zealand bank account number you can nominate a friend's account to facilitate payment.

Home phone number ()	Mobile phone number ()
Email address	

Educational body	Student ID number
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Refund details

Study course start date this year day / month / year	Study course finish date this year day / month / year
Date premium paid / /	Date cancellation to be effective from / /

Reason for refund 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 / /
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