

PLEASE SEND THIS DOCUMENT BACK TO US AFTER SIGNATURE

REFUND REQUEST DECLARATION

I, Krishnendu Asok (passport number: P1282147),
would like to request the refund of my deposited fees.

I hereby declare that the refund of the deposited fees from the Budapest Metropolitan University, furthermore, the details given in the refund data sheet that I provided are true and correct. In case I have provided an incorrect bank account number or any other false data, I acknowledge I may risk that the amount transferred by the University never arrives.

I give consent to the Budapest Metropolitan University to forward personal identification data such as date of birth, place of birth, address, and residency status upon request of the financial institution based on legal provisions regarding the prevention of money laundering and recipient identification. **I acknowledge, that without my consent, the refund of the deposited fee may be refused by the financial institution managing the transaction.**

YES

NO

Date (DD/MM/YYYY): 22 / 04 / 2024



signature