



REFUND/CREDIT REQUEST FORM

Applicant Information

Full Name:

Who should the refund be issued to:

Contact Phone Number:

Address

City:

Province:

Postal Code:

Request Details

Provide detailed information for the following four sections below.

1. This request is for:

- Refund
- Credit

2. The application I submitted:

- Can be deleted
- Can be used for later date

3. I am the:

- Applicant
- Employer

4. Reason for request:

The applicant certifies the information provided on this application is accurate and complete.

Applicant Signature:

Signature Date:

Do not complete - for staff use only

Justification and Refund Recommendation (Based on Administration Fees):

Employee Name (Print):

Date:

[Large shaded area for justification and recommendation]