

Request for Refund

Guest Information

First Name: _____

Last Name: _____

Contact Number: _____

Email: _____

NRIC/Passport Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____

Postal / ZIP: _____

State / Province: _____

Country: _____

Booking Details

Booking Reference ID: _____

Check-In Date: _____

Check-Out Date: _____

Number of Nights: _____

Villa/Room Name: _____

Total Amount Paid: RM _____

Reason for Refund

Bank Account Details for Refund

Bank Name: _____

Swift Code (if international): _____

Account Holder Name: _____

Account No.: _____

Declaration

I hereby confirm that the information provided is accurate and complete. I understand that:

- All refunds are subject to **The Shorea's Refund Policy**
- Refunds may take 7-14 working days to process
- Approval is at the discretion of management

Guest Signature: _____

Date: _____

Please submit the completed Request for Partial Refund form to: theshorea@yahoo.com

Allow 3-5 working days for processing