

**PUSAT KESIHATAN UNIVERSITI
UTM KUALA LUMPUR**

**BAYARAN BALIK CAJ RAWATAN PELAJAR/
REFUND FOR STUDENT'S TREATMENT CHARGES**

NAMA :
NAME

NO. K/PENGENALAN :
PASSPORT NO.

ALAMAT SURAT MENYURAT :
MAILING ADDRESS

NO. TELEFON :
TELEPHONE NO.

EMAIL :

JUMLAH : RM
AMOUNT

BANK :

NO. AKAUN :
ACCOUNT NO.

PENYAKIT :
ILLNESS/DISEASE

FAKULTI/SEKOLAH :
FACULTY/SCHOOL

.....
TANDATANGAN
SIGNATURE

.....
TARIKH
DATE

*** Sila lampirkan bersama-sama borang ini :**

Please attach this form together :

- 1. Resit Asal / *Original Receipt***
- 2. Penyata Bank yang terkini / *Latest Bank Statement***
- 3. Salinan Kad Matrik / *Copy of Matric Card***