|  |  |
| --- | --- |
| CLAIMANT  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name, Surname)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Identification code or date of birth)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Address) | TO:  “HOTEL SCHOOL” Hotel Management College Ltd,  Smilsu Str. 3, Riga, LV-1050 Latvia |

**REFUND Application**

Select the reason of refund:

My education programme was cancelled due to an insufficient number of students.

My education programme is temporarily suspended or withdrawn completely without offering an alternative of continuing education.

I withdrew the registration/enrolment from the study programme before the commencement date of the studies.

I withdrew the registration/enrolment from the study programme after the commencement date of the studies.

I submitted an application and documents for a long-term visa or a temporary residence permit of Republic of Latvia, but temporary residence permit or long-term visa was refused.

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my explanation is attached to the Refund Application).

Please refund my TUITION fee to following bank account:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name, Surname: |  | | Account number (IBAN): |  | | Address: |  | | Country: |  | | Name of the bank and address: |  | | SWIFT (BIC) code: |  | |  |

**Attached:** Proof of payments Original\* of the study contract Explanation

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of CLAIMANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, the undersigned, hereby grant to**HOTEL SCHOOL Hotel Management College my irrevocable consent to return the funds I paid instead of CLAIMANT to THE ACCOUNT ABOVE:*

Name, surname and signature of PAYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**FOLOWING RULES to REFUND APPLICATION APPLY.**

1. THE ORIGINAL\* OF THIS REFUND APPLICATION along with the proof of payments and original\* of the study contract **MUST BE SENT by POST** to the following address: **HOTEL SCHOOL Hotel Management College. Smilsu Str. 3 Riga, LV-1050, Latvia.**
2. ANY THIRD PERSON who made initial payment to HOTEL SCHOOL Hotel Management Collegeinstead of THE CLAIMANT, PERSON WHO MADE ORIGINAL PAYMENT (**PAYEE**) SHOULD SIGN THIS REFUND FORM.
3. WITHOUT ORIGINAL SIGNATURE OF PERSON WHO MADE ORIGINAL PAYMENT THIS REFUND FORM IS NOT VALID, WILL NOT BE ACCEPTED AND NO DECISION REGARDING REFUND WILL BE TAKEN.

I confirm that I have read and understood the **RULES to REFUND APPLICATION:**

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of CLAIMANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of PAYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* *Document shall be signed in one's own hand. A personal signature reproduced in a paper document using technical means (copies, scans, photos etc.) shall not ensure legal force of the document. Uncertified copies/printouts of documents or personal signatures are not valid for refund procedure and such documents are shall not be accepted.*