

LIBRARY DEPOSIT REFUND FORM

MII Knowledge Centre



THE MALAYSIAN
INSURANCE INSTITUTE

Name:	
I/C Number / Passport Number:	
Mailing Address:	
Contact Number:	
Email Address:	
Amount Requested to be Refunded:	
Reason for Refund:	
Bank Account Details: (For Bank Transfer Purpose)	
Official Receipt No: (Please Attach the Original Receipt)	
Date Issued:	
Signature / Date:	

* Subject to terms and conditions.

Please take note that the minimum holding period of the refundable library deposit is one (1) year.
For more information, please refer to our *Guidelines to Refund Library Deposit* at
www.miielibrary.com

Office Use Only (Knowledge Centre)

Requested by: _____

Date: _____

Approved by (HOD): _____

Signature: _____ Date: _____

Office Use Only (Account Dept)

Received by: _____ Date: _____

Checked by: _____ Date: _____

Remarks: _____