

## **Stamp Duty Refund Request Form**

\*Required fields

BERJAYA SOMPO INSURANCE POLICY DETAILS	
1. Policyholder Name*	
2. Policy No.*	
3. NRIC/Passport/Company Registration No.*	
4. Mobile Phone No. (without "-")*	
5. Email Address*	
BANK ACCOUNT DETAILS	
1. Bank Account No.*	
2. Bank Name*	

By submitting the Stamp Duty refund request, you declare that the information\* provided is true and correct (and understand and agree that Berjaya Sompo Insurance, believing them to be such, will rely and act on it and will not be held liable if the information provided is false, misleading or inaccurate).

\*Applicable to micro-enterprise and small medium-enterprise Policyholders only:

(a) that such business fulfils the criteria to be classified as a micro-enterprise or small and medium as may be determined by the National Entrepreneur and Small and Medium Enterprises Development Council); and

(b) if you are a joint owner of the Policy; by making this refund request you have obtained the consent of the other joint owner(s) of the said Policy.

Kindly email this form together with an image of the top portion of your bank statement/banking passbook displaying your name and bank account details to <u>customer@bsompo.com.my</u>.