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DATA REQUEST FORM

FOR THE REFUND OF THE FEES PAID DURING INTERNATIONAL INTENSIVE BALLET COURSE OF THE 20.....YEAR

Undersigned course participant (phone number: +(.....), e-mail address:) I would like to ask you to transfer my course fee back to the bank account number below.

In 20..... year the amount paid by me as a course fee is:HUF/EUR (please underline), of which the amount to be remitted:HUF/EUR (please underline).

Attention! The course fee can only be refunded if one of the following conditions is met (please underline):

- illness, childbirth or other reasons not attributable to the course participant (medical certificate required)
- professional expellation (official notification required)
- Vis maior (natural disaster) due to failed to participate the course,
- and, if there is an overpayment with regard to the course fee paid by the payment deadline, - up to the difference.

In other cases, the course fee cannot be refunded!

We would like to inform you, that we can only pay the amount to be refunded by bank transfer, and a handling fee (10%, max. 25.000 HUF) will be deducted from the refunded amount.

Method of refund (please enter the necessary information):

I request the refund of the amount by bank transfer to the bank account number below:

Beneficiary name:

Account managing bank:

IBAN bank account number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

SWIFT code:

Please note that the refund deadline is 10 working days from the date of receipt of the data request form.

....., 20..... year month day

.....
signature of the course participant