

Section 1: Policyholder details		any required	CVIGGIIOC	o and ciri		Torcianasei	110.0011.00
nib OSHC Policy Number	Passport Number		Passport Country of Issue				
Title Given Name/s		Surna	ame				
L Email  Date of Birth  Email							
/ /							
Section 2: Reason for refund							
Upon assessing your refund request, nib may	request further information	pertaining to you	r situatio	on in orde	er for the re	fund to be p	rocessed.
Section 3: Refund Details							
To request a refund please select one of the a	·			refund o <sub>l</sub>	otion.		
Payment originally made through Flyw Refund will be processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to original credit can be applied to the processed to the processed to original credit can be applied to the processed to the proce	·	cessed via Flywii	re				
Deposit into Australian bank account	ard of barny account.						
Bank/Financial institution name		BSB number					
		_	-				
Account name		Account number	er				
Deposit into an International bank acc	ount						
Swift/BIC code (8 or 11 characters)	Account numb	per or IBAN					
Account holder's name							
Account holder's hame							
Account holder's address including house no		ov/zip code (no P	O Boxes	s)			
				,			
Please select currency: You must select a curr	rency and confirm it is accep	ted by your Bank/	'Financia	l Institutio	n before ap	plying for you	ur refund.
AUD (Australian Dollars) EUR (Eu			ndian Ru		USD (U	S Dollars)	
Bank/Financial institution name		ank/Financial inst	litution c	ountry			
Bank/Financial institution street address incl	L uding City/State/Prov/Zip C	Code (no PO Boxe	s)				
		,					
Passport number	P	AN number (India	only)				
Section 4: Declaration (If you do no	ot provide the Declaratio	n in full, we may	/ be una	able to p	process yo	our refund)	
☐ I acknowledge it is my responsibility to hole	d valid health insurance for	the entire period t					nd failure
to do so can invalidate my visa status and  I have provided the required supporting do		ations.					
I acknowledge that nib is required to provid Home Affairs (DHA).	de my name, contact detail	s and health insur	ance ca	ncellation	n details to	the Departm	ent of
I give permission for nib to verify my currer By signing this form, you declare that:	nt Visa status via the VEVO	system for the pu	rposes o	of confirm	ning refund	eligibility.	
• The information provided herein is accurate							
<ul><li>You acknowledge that nib may, at its discre</li><li>You acknowledge that once the refund is proc</li></ul>			will be ter	minated a	and will no lo	onger provide	e coverage.
Customer's signature							
X				Data			

Privacy: The information that you provide is collected for the purpose of arranging a refund of your nib OSHC premium. This information will be managed in accordance with nib's Privacy Policy, accessible at https://www.nib.com.au/legal/privacy-policy. If you would like to gain access to your personal information, please contact nib as outlined in the Privacy Policy.