

KC DEPOSIT REFUND FORM

MII Knowledge Centre



THE MALAYSIAN
INSURANCE INSTITUTE

No 5 Jalan Sri Semantan Satu, Damansara Heights, 50490 Kuala Lumpur, Malaysia
Tel: 603-20878883

Name:	
Identity Card No:	
KC Membership No.:	
Mailing Address:	
Telephone No:	
Email Address:	
Amount requested to be refunded:	
Reason for refund:	
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 info., please refer to our *Guidelines to Refund Library Deposit* at www.miielibrary.com

Office Use Only (Knowledge Centre)

Request by: _____

Date: _____

Approved by (HOD): _____

Signature: _____ Date: _____

Office Use Only (Account Dept)

Received by: _____ Date: _____

Checked by: _____ Date: _____

Remarks: _____