



REIMBURSEMENT FORM

(FOR WRONG BILL PAYMENT TRANACTIONS)

Date.....

My name is (Mr. / Miss / Mrs.).....

Account NumberAccount Name.....

Phone Number.....The payment has been made through

K-ATM K-Contact Center K-Cyber Banking K-BizNet K-mBanking/ATM SIM

on (Date / Month / Year).....Time.....

Amount ofTHB (.....)

I have accidentally made the wrong payment to the(Company / Biller's Name)

and I would require the bank to amend the payment to the(Company / Biller's Name)

Additional Biller's Details.....(if any)

I take full responsibility for the Payment Fee that I have paid to Kasikornbank PLC. The following documents are enclosed with this letter, which bear the same signature as in bank account records.

- Photocopy of Thai National ID Card / Passport
- Payment Transaction Slips
- Photocopy of Updated Passbook (in case of no other Payment Transaction Slips)

I hereby confirm that the above information is all true and correct.

.....
 (.....)

Please fax this document to number: 0-2470-1854

Details for company	Details for the Bank
Staff Name Date Tel The company allows the Bank to debit these funds from its account to reimburse the erroneous payment. (.....) Authorized Signature	Staff Name Date Tel <input type="checkbox"/> REFUND (DATE) <input type="checkbox"/> NO REFUND (.....) Authorized Signature

Further Information, contact K-Contact Center Tel: 0 2888 8888 and you can check on the refund in your statement