✰為了您的權益，申請退費時請確實填寫本表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | 聯絡電話 | | | | | |  | | | | | | | | | | | | | | | | | |
| 活動代碼 |  | | | 活動名稱 | | | | | |  | | | | | | | | | | | | | | | | | |
| 申請日期 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退費原因 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 收據繳回狀況 | * 正本繳回 * 未領取(ATM轉帳、無摺存款、跨行匯款) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 收據編號 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **匯款方式(戶名與申請人姓名相同)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 戶名 |  | 身分證字號 | | | | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| □銀行 | 銀行名稱 |  | | | | | | 分行名稱 | | | | | | |  | | | | | | | | | | | | |
| 銀行帳號 |  |  | |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
| □郵局 | 郵局局號 |  | | |  | |  | | | | |  | | | |  | | | |  | | | |  | | | |
| 郵局帳號 |  | | |  | |  | | | | |  | | | |  | | | |  | | | |  | | | |

申請人簽名： 年 月 日

✰以下由本會填寫

|  |  |  |
| --- | --- | --- |
| **退費活動** | □ | 自報名繳費後至開班上課前3日申請退費者，退還已繳費用之95％(尚須減去手續費30元) |
| □ | 開班上課前2日（含）始申請退費者，不予退還 |
| □ | 未達開班人數或因課程異動無法配合，全額退費 |
| □ |  |
| □ |  |
| □ |  |
| **繳費明細** | 報名費： | |
| **核算應退費用** | 繳交金額： 元 - 5%行政作業費 - 匯款手續費30元=\_\_\_\_\_\_\_\_\_\_\_元 | |
| **大寫金額** | 萬 仟 佰 拾 元整 | |

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| 社團法人中華雨爾健康關懷協會 退費申請證明聯 | | | | | |
| **申請人姓名** |  | **研習、活動代碼名稱** |  | | |
| **申請日期** | 年　　月　　日 | **收件人** |  | **收件日期** |  |

* 本會受理退費時間約一週左右（自申請日計算），如造成不便之處，敬請見諒！
* 聯絡電話：(02)2735-8527
* 退費申請依正式實際書面申請日（郵寄則以收件日）計算。
* 申請方式：1.郵寄：退費申請表連同收據郵寄至110台北市信義區基隆路二段131-14號6樓，

社團法人中華雨爾健康關懷協會 收，信封上請註明申請退費。

2.電子郵件：退費申請表及收據掃描傳至cyecyha0917@gmail.com，主旨註明申請退費。