

Request to Withdraw/Cancel/Refund an Application

Note: Refunds can be given by Direct Deposit request or by Collecting a cheque, but collecting a cheque will result in a delay as checks are processed once a week and pick up between 9am - 1pm Mon - Fri

Withdraw
 Refund
 Cancel
 Direct Deposit
 Pick Up

Applicant/Employee Name **as it appears in Passport** - Surname (Last Names) _____ Given Names (First Names) _____ Maiden Name (if applicable) _____

Date of Birth _____ Nationality _____ Worker Reference No _____

Primary Employer Name (Company Individual) _____

Contact Name _____ Phone _____

PO Box _____ KY Code _____ E-Mail _____

Cancellation Details - Explain below or use separate sheet of paper, if necessary

Effective Date to Cancel/Withdraw Application D/MMM/YY **Note:** If there is a formal complaint with the cancellation, please attach separately
 Reason for Cancellation/Withdrawal/Refund If there is a formal complaint with the cancellation, please attach separately &/or send to WorcComplaints@Gov.Ky.

Provide further explanation, if applicable _____

I hereby cancel this application.

All cancellations must include clear copy of photo ID

Name - Print

Signature (Original signature - Not Agency)

 D/MMM/YY

Date

IMPORTANT INFORMATION

If requesting refund to be returned in a name different from that on the original receipt , your request must be in writing and the following documents must be submitted:

Sole Traders -
 Must submit copy of their Trade & Business License along with copy of Picture ID

Companies -
 Must submit copy of their stamped Annual Return & current Trade & Business License

If multiple persons are listed on the T&B or Annual Return, then each person must submit in writing that they are in agreement to a refund in a single person's name.

Official Use ONLY

Refund Due:

	Account	Amount
Application Type _____		
Receipt Date _____		
Receipt Number _____		
Refund Payable To _____		
Refund Authorised By _____	Date _____	