



# Refund Request Form

FACILITIES RENTAL SYSTEM (FRS)  
TREASURY DEPARTMENT, MINISTRY OF FINANCE BRUNEI DARUSSALAM

- Refund checklist for Public User:
- FRS E-Receipt
  - Copy of Identification Card
  - Copy of Bank Account/ Book/ Card
  - Vendor Form

**Instruction to Facility User :**

1. Please complete and sign both the 'FRS Refund Request Form' & 'Vendor Form'.
2. Scanned Forms and supporting documents should be submitted to Treasury Department via email at PPP@treasury.mof.gov.bn

Full Name (as appear in IC):

User ID in FRS:

Transaction ID:  Booking ID:

Facility Name (as appear in FRS) :

Booking Date :

Booking Time : From  To

Amount to be refunded : \$

- Reason for Refund :  Self-Cancellation before 24 hours of booking due to : \_\_\_\_\_
- Cancelled by Facility Provider due to Departmental, Ministerial, or National programs/ events/ activities.  
Program/ Event/ Activity Name : \_\_\_\_\_
- Others. Please State : \_\_\_\_\_

*I hereby declare that the above information are true.*

Signature :  Date :

### Facility Provider Verification

**Instruction for Facility Provider :**

Completed & signed form should be scanned and submitted to Treasury Department via email at PPP@treasury.mof.gov.bn

Full Name :

Position :

Ministry/ Department :

Name of School/ Sports Complex (if applicable) :

Vote No: 

GOBRN	E56384	TAPPBP	TAPPBA	<input type="text"/>
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*I hereby certify that the above user has not used the facility on the booking date and time stated and the user is entitled for refund with the amount of \_\_\_\_\_.*

Signature :  Official Stamp:

Date:

### Treasury Department Approval

Checked:  Voucher ID & Date:

First Approver:  Second Approver:

# GOVERNMENT OF BRUNEI DARUSSALAM

## VENDOR FORM

*(Please tick one only)*

Request Type : <input type="checkbox"/> Creation of new vendor <i>Compulsory documents for new vendor:</i> ROC/ROB 16/17 for Company/Business Police letter of clearance for Persatuan/Club BINA letter for Koperasi/Cooperation Copy of IC for individuals (Birth Certificate if person is under 12 or Passport if person is a foreigner)	<input type="checkbox"/> Update of an existing vendor
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Vendor Name 1 _____	Date _____
Vendor Name 2 _____	
Vendor ID (ROC/ ROB #) _____	<i>(if applicable)</i>

<b>(New) Vendor Location/Address</b> Location Description _____ Vendor Address _____ _____ _____ Country _____ State _____ Postal Code _____	<b>(New) Contact Person / Contact Details</b> Contact Person _____ Designation _____ Email _____ Contact Number _____
<b>(New) Mailing Address (if different from Vendor Address)</b> Vendor Address _____ _____ _____ Country _____ State _____ Postal Code _____	<b>Special Instructions (Please provide details)</b> _____ _____ _____ _____

**Please fill in this section for EFT Request or Change of EFT Bank Account**  
 Note : 1. Please provide a company letter stating bank account as an attachment to this request and  
 2. Header of your latest bank statement that shows the bank account number

Bank _____
Bank Branch _____
Bank Account Number _____
_____

I hereby certify that the provided information above is correct.

Company Stamp  
*(Required for EFT Requests)*

\_\_\_\_\_  
 Name  
 Title