



Alliance Française

Bruxelles-Europe

Centre Européen de Langue Française

Date
Votre contact

info@alliancefr.be
T 02/788 21 60

Refund request

Last name, first name:

Address:

Phone:

Email:

Amount €

Period* from to

Bank account number	IBAN	<input type="text"/>
	BIC	<input type="text"/>

Any request of refund causes:

the payment of an administrative fee of 50 € per request and loss of the course manual fee.

Payment of 50 €: Yes No

Reasons

Non-obtainment of visa

Other:
.....
.....

Date: _____

Signature of the student

Comment(s) reception:
Signature of the agent:

Date: _____

Approved: Yes No

Signature

**The request must be made 5 working days before the mentioned period - see General Sales Conditions.*