



SO Travel Ghana LTD ✈️

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All areas marked * are mandatory and should be filled. Please your application will not be processed if the mandatory areas marked with red asterisks * are not filled properly

1. PERSONAL INFORMATION OF APPLICANT*

SURNAME* FIRST NAME*
OTHER NAMES* DATE OF BIRTH*
EMAIL PHONE NUMBER*

2. APPLICATION*

TYPE OF APPLICATION*
REASON FOR REFUND*

3. REFUND METHOD*

Cheque Wire Transfer Mobile Payment

4. MOBILE PAYMENT

MOBILE ACCOUNT NAME
MOBILE ACCOUNT NUMBER

5. CHEQUE AND WIRE TRANSFER

ACCOUNT NAME

ACCOUNT NUMBER

RESIDENTIAL / POSTAL ADDRESS

BANK NAME

BANK CITY

BRANCH

BANK ADDRESS

6. CONSENT*

Refund is being claimed by a third party.

Refund is being paid overseer.

I hereby declare that the information on this form is true and accurate. *

Signature

Date

7. PLEASE NOTE*

- We reserve the right to refund to the original account instead of a different account.
- Administrative charges will be deducted from full refund.
- Refund application will be under review for consideration.
- Please ensure that you understand our refund process, terms & conditions, exclusions and read our refund policy.
- Refunds will be processed within approximately 4 weeks

By submitting this document, you understand that you will be withdrawing from your application at SO Travel Ghana Limited, LLC. Complete and submit this form via email to info@sotravelgh.com