# C:\Users\AECoffice1\Dropbox (EAoC)\AEC files (2)\AEC Communication\LOGOS\AEC logo (Long version).jpg

# REFUND REQUEST

# To be sent to:

AEC Office

Avenue des Celtes / Keltenlaan 20

1040 Brussels

BELGIUM

*Please specify to whom the reimbursement should be paid to by crossing the appropriate box:*

Name of the declarant ❑

Institution/organisation ❑

Account Holder

BIC / Swift Bank code

Name and Address of the Bank…………………………………………………………………………………………………………

IBAN Account n°

***Request: Refund Participation Fee AEC EPARM 2020 because of the Coronavirus emergency***

**Amount paid:**

**Date of original payment:**

**Way of payment:** Bank Transfer❑ Online Payment: ❑

**Invoice Number:**

Signature: Date: