

# REFUND YOUR FLEXEPIN VOUCHERS (Canada)

## REFUNDING FLEXEPIN VOUCHERS

- Flexepin Voucher codes must be unused at the time of the refund request.
- Flexepin may deduct a redemption fee and/or monthly charge per Flexepin Voucher.
- Refund applications are processed within 28 working days from receipt of all correct and valid documentation.
- The due amount will be paid directly to a bank account as specified by you and held in your name only.
- Refunds can be requested up to 6 years after the Flexepin voucher is issued.

## GETTING A REFUND

In order to receive your refund, you must provide **ALL** of the following:

- Consumer Refund Application Form fully **COMPLETED & SIGNED**;
- Copy of a **VALID** Government Issued photographic ID: **EITHER** a Passport / Driving Licence. Please note the ID must be valid and must not be expired;
- Copy of a Utility Bill / Government correspondence / Phone Bill etc.
- Copy of a Bank Statement / Bank Letter from your bank dated within the last 3 months that states your name and current residential address and:
  1. Account Number
  2. BSB Number

An electronic transfer will be paid into this account.

- The Original Flexepin Vouchers that you wish to be refunded (Please note copies are not accepted). You may keep photocopies for yourself.  
NB: If you have received replacement vouchers from Flexepin please print the email containing the replacement voucher details and provide this with the original vouchers.

### **For refunds more than \$999.00 in Canada**

If the total value of Flexepin vouchers to be refunded is more than \$999.00 in addition to the above, please provide:

- Certified / Notarised copies of your ID and proof of address.

## REDEMPTION FEE AND MONTHLY CHARGE

You will not be charged if you request a refund within 14 days of the Issue Date. For any refund request after this date a redemption fee of \$30.00 will be applied if you request a refund on or before the Use by Date, or in the period after 12 months following the Use By Date.

If you do not use your Flexepin voucher code on or before the Use By Date you are subject to a monthly charge of \$4.00 per month that applies after the Use By Date. If you request a refund after the

Use By Date and a redemption fee is payable as well, this redemption fee will apply in addition to the monthly charge. See clause 8 of the Terms and Conditions (Refunds & Fees).

The Flexepin terms and conditions can be found at: <http://www.flexepin.com/terms-conditions>

## FEE STRUCTURE FOR REFUNDS

VOUCHER AGE	CHARGE / FEE
14 days or less	\$0.00
14 days to Use By Date	\$30.00 redemption fee
(Day after) Use By Date to 12 months after Use By Date	\$4.00 Monthly Charge (calculated daily pro-rated) <b>AND</b> \$30.00 redemption fee
(Day after) 12 months after Use By Date onwards	\$4.00 Monthly charge (calculated daily pro-rated) <b>AND</b> \$30.00 redemption fee

# FLEXEPIN CONSUMER REFUND APPLICATION

FIRST NAME

SURNAME

ADDRESS Must be the same as on your Bank Statement/Utility Bill

  


CITY/SUBURB

STATE

ZIP/POSTCODE

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TELEPHONENUMBER1

TELEPHONE NUMBER 2

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EMAIL ADDRESS Email confirmation will be sent to your email upon receipt of documentation being received

REASON FOR REFUND. Please explain in full (must be completed).


## OFFICE USE ONLY

CUSTOMER SERVICES CASE NUMBER

if applicable

ACTION FRAUD OR POLICE REFERENCE

if applicable

# FLEXEPIN CONSUMER REFUND APPLICATION

PLEASE ONLY ENTER VOUCHER **SERIAL** NUMBERS BELOW (NOT PIN)

1. VOUCHER SERIAL NUMBER	VOUCHER VALUE
ISSUE DATE	USE BY DATE

2. VOUCHER SERIAL NUMBER	VOUCHER VALUE
ISSUE DATE	USE BY DATE

3. VOUCHER SERIAL NUMBER	VOUCHER VALUE
ISSUE DATE	USE BY DATE

4. VOUCHER SERIAL NUMBER	VOUCHER VALUE
ISSUE DATE	USE BY DATE

5. VOUCHER SERIAL NUMBER	VOUCHER VALUE
ISSUE DATE	USE BY DATE

## OFFICE USE ONLY

TOTAL REFUND AMOUNT REQUESTED:

TOTAL REDEMPTION FEE (IF APPLICABLE):

TOTAL MONTHLY CHARGE (IF APPLICABLE):

TOTAL CHARGES:

REFUND AMOUNT (LESS FEE AND CHARGES):

# FLEXEPIN CONSUMER REFUND APPLICATION

**BANK DETAILS** - Flexepin will pay all Customer Refunds via electronic bank transfer

Account Holder Name	
Bank Name	
Financial Institution Number	
Branch	
Bank Address	
Account Number	

Payment will be credited into this account only: Account name must match documentation provided. Please attach a bank statement confirming the above Account Number, Financial Institution Number, Branch, Bank Name and Address.

## DOCUMENTS

To process your refund we need to see proof of your identity, proof of where you live, and the Flexepin vouchers to be refunded. We recommend that you keep a copy of the Flexepin vouchers.

If the total value of your refund request is more than \$999.00 please send ORIGINAL or NOTARISED documents: The Post Office or pharmacies provides an Identity Checking Service for the certification of copies of original ID documents.

## DECLARATION

I confirm that I am the holder of the Flexepin as defined in The Flexepin Terms and Conditions, and request a refund of the value of the Flexepin. I agree to the deduction of the redemption fee and monthly charge (where applicable) specified per Flexepin voucher. I have enclosed the following (please tick):

- |                               |                                                                                                                                          |                          |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Original Flexepin Vouchers | We require the original voucher(s).<br>• Make a copy for your own records                                                                | <input type="checkbox"/> |
| 2. Proof of identity/Photo ID | Passport Copy OR Driving Licence<br>• Must be valid: in date, not expired                                                                | <input type="checkbox"/> |
| 3. Proof of Address           | • Must be less than 3 months old<br>• Must show address e.g. Bank Statement OR utility Bill<br>• Must be separate document from Photo ID | <input type="checkbox"/> |

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**Signature**

**Date**

FAILURE TO SIGN & PROVIDE ALL THE CORRECT DOCUMENTATION OR INFORMATION WILL PREVENT THE PROCESSING OF YOUR REFUND.

**Please send this form & all documents by email to Flexepin:**  
[compliance@flexepin.com](mailto:compliance@flexepin.com)