

	Inter-Country Adoption Board (ICAB) REQUEST FOR REFUND / DONATION of UNSPENT PRE- TRAVEL FEES	Doc. Code	NACC-FWU-2022-015
		Revision No.	0

Name of Child:
Name of PAPs:
Amount to be donated/refunded: Php _____

I/We _____ authorize NACC to:

(a) Donate in our behalf the amount of Php _____
to _____
(Name of Child Caring Agency/NGO)

(b) Refund to the account of:

Name	
Relationship to PAPs	
Address	
Bank Name	
Bank Account Number	
Bank Address	
IBAN/SWIFT Code	
Contact Number	
Remarks, if any	

Refunds made to persons other than the PAPs must be accompanied by a Special Power of Attorney executed by PAPs allowing the recipient to receive the refund.

Requested by:

Name and signature of PAPs:
Date:

Noted by:

Name and signature of social worker In-Charge:
Date:

Approved by:

Executive Director
Date: