



SSC Cash Shipment Refund Claim Form

Owner: **National Manager, Retail**
Department: **SMSA Services Center**

Date		SSC No. / Name:		
SNo	AWB Number	Shipper IBAN Number (Card Details Should Match with Shipper Name)	Bank	Amount to be Refunded
1				-

	SMSA RD Executive	Shipper
Name		
ID No.		
Signature		
Date		

Remarks, if any

***Please complete and attach this form in the initiated refund ticket to Finance.

Copy Image of the Card Here

(if available)