



# REIMBURSEMENT FORMULAR

**KEYCOM SA**

Avenue des Champs-Montants 10a  
2074 Marin-Epagnier

This form must be sent by standard brief with the key.  
We recommend you pack the key so that the envelope is not torn.  
Upon receipt of this document, your account will be closed, and the refund will be done grouped with the other reimbursement requests within 2 to 4 weeks.

Key holder : \_\_\_\_\_

Contact (phone/e-mail) : \_\_\_\_\_

Address of use of the key : \_\_\_\_\_  
\_\_\_\_\_

**Refund informations**

Bank account owner : \_\_\_\_\_

Account number (IBAN) : \_\_\_\_\_

BIC number : \_\_\_\_\_

New address : (Used only for confirmation with the bank)  
\_\_\_\_\_  
\_\_\_\_\_

Place & date \_\_\_\_\_ Signature \_\_\_\_\_