## Republic of Lebanon Ministry of Public Health



الجمسورية اللبنانية وزارة الصدة العامة

## **MOPH PASS Refund Request**

	Date of Application:		
	Date of Registration on MOPH PASS://	Reference Number:	
	Applicant Information		
	Full Name:	Nationality:	
	Passport Number:	Address:	
	Mobile Number:/	Email address:	
	Payment details		
	Paid Amount:	Currency:	
	Requested Refund Amount:	Reason of Refund:	
	Payment Method:		
	Credit Card Cardholder Name:		
	Electronic Miscellaneous Document (EMD) Name of Tourism or Travel Agency/ Airline Company:		
	REMARKS		
	• Refund requests are only valid if they are submitted within one month of registering on the platform		
	<ul> <li>Please attach a copy of your passport and MOPH PASS, if available.</li> <li>All refund requests will be reviewed and evaluated based on payment status and arrival in Lebanon before a decision is made.</li> </ul>		
	• The Ministry reserves the right to refuse a refund based on the data registered in the platform.		
	Name of Applicant	<u>Signature</u>	