



## REQUEST FOR REFUND FORM

A copy of the official receipt issued by the School together with the supporting documents, wherever applicable, must be submitted together with this form.

Learner's Name: \_\_\_\_\_ Class: \_\_\_\_\_

### Requestor's Details

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reason for Request of Refund

### Bank Details

Account Holder / Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Bank Code: \_\_\_\_\_ Branch Code: \_\_\_\_\_

If refund is applicable, the processing time is 7 working days upon receipt of the completed form and supporting documents.

\_\_\_\_\_  
Name and Signature of Parent / Guardian

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY			
To be Completed by Student Services			
Date of Receipt:		Received by: <small>(Name and Signature)</small>	
To be Completed by Finance			
Payment Date:		Payment by: <small>(Name and Signature)</small>	
Amount Paid:		Receipt No.:	