

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:	
		(Name and Signature)	
To be Completed by Finance			
Payment Date:		Payment by:	
		(Name and Signature)	
Amount Paid:		Receipt No.:	