



## 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.

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Name and Signature of Parent / Guardian

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Date

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

#### CONFIDENTIALITY POLICY

Data and Information collected will be treated as confidential and is for official use by the School only. Unless requested by government agencies, written permission will be obtained from you if the data is used for purposes beyond the original intent.