

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.

Student's Name: _____ Year Group / Form: _____

Address: _____

Contact Number: _____ Email: _____

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.

Parent / Guardian's Name and Signature

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.:	