

Refund of Fees (Deposit non-refundable)

Course/Class:
Name:
Address:
PPS No:
Telephone No:
Amount Due:
Reason for refund: (receipts must be attached)

For Office Use only:

Amount Paid: _____ **Amount Refunded:** _____

Cheque No: _____

Authorised by: _____ **Date:** _____