

## APPLICANT PARTICULARS

Name: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_  
 Email ID: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Bank details and A/C No.: \_\_\_\_\_  
 \_\_\_\_\_

## COMPANY DETAILS

Company Name: \_\_\_\_\_ Company sponsored:  YES  NO  
 Company Address.: \_\_\_\_\_  
 \_\_\_\_\_

## COURSE DETAILS

Course Title: \_\_\_\_\_ Commencement Date: \_\_\_\_\_  
 Total Course Fee: \_\_\_\_\_ Total Fee Paid: \_\_\_\_\_

## REQUEST DETAILS

Reason(s) for refund request:

*I have read and understood the training provider's refund policy terms and conditions before submitting this request*

***\*Please refer to our refund policy mentioned in our web registration form***

REQUESTOR'S NAME AND SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## MANAGEMENT ACKNOWLEDGEMENT (FOR OFFICIAL USE)

AMOUNT APPROVED:

NAME OF APPROVER: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ACCOUNTS / FINANCE ACKNOWLEDGEMENT (FOR OFFICIAL USE)

AMOUNT DISPENSED: \_\_\_\_\_ MODE OF PAYMENT: \_\_\_\_\_

REFERENCE / VOUCHER / CHEQUE NUMBER: \_\_\_\_\_

NAME OF ISSUER: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ ISSUED DATE: \_\_\_\_\_

## PARTICIPANT ACKNOWLEDGEMENT

I declare that I have received S\$ \_\_\_\_\_ in refund paid by cheque (Ch No: \_\_\_\_\_, dated \_\_\_\_\_) on \_\_\_\_\_. I understand that this is the maximum refundable amount that I am entitled to under the training provider's refund policy terms and conditions which I have read and understood during the point of submitting the refund request.

REQUESTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_