

FINANCE

REF NO.: FIN – SRF –

REV NO.: 002

*June's Beauty School*

貴夫人美容學校

STUDENT REFUND REQUEST FORM**STUDENT'S PARTICULARS**

Course Title:

Full Name:

Student ID:

NRIC / FIN / Passport Number:

Date of Refund Request:

REFUND DETAILS

Reason for Refund:

Amount to be Refunded:

\$

SGD _____ only

Bank Account Type:

Bank Account Number:

NOTE: If the refund is to be made to another bank account, please submit an Authorization Letter to authorize the other party to receive the refund on your behalf.

STUDENT'S SIGNATURE	PARENT/GUARDIAN'S SIGNATURE*	RECEIVED BY REGISTRAR
<hr/> Name: Date:	<hr/> Name: Date:	<hr/> Name: Date:

*Required if student is under eighteen (18) years of age.

To be completed by the Management of June's Beauty School.

APPROVED

NOT APPROVED

APPROVED BY PRINCIPAL	RECEIVED BY FINANCE DEPARTMENT
<hr/> Name: Date:	<hr/> Name: Date:

To be completed by the Finance Department of June's Beauty School.

REFUND DETAILS	
Date of Refund Request Reply:	
Date of Refund:	
Date of Refund Notification to Recipient:	

RECORDED BY FINANCE DEPARTMENT
<hr/> Name: Date: