

**REFUND REQUEST FORM**

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| **APPLICANT INFORMATION** | | | | | |
| Name: | | | | Reg No. | |
| National ID: | | | | Contact: | |
| Address: | | | | Email: | |
| **REQUEST DETAILS** | | | | | |
| Reason for Request: | | | | | |
| Duplicate Payment  Overpayment  Withdrawal from Examinations  Discontinuation | | |  | | |
| ***Person/Company the refund cheque is to be issued:*** | | | | | |
| Beneficiary Name |  | | | | |
| Bank Name |  | | | | |
| Bank Account |  | | | | |
| Bank Shortcode |  | | | | Swiftcode: |
| Name: Signature: Date: | | | | | |
| **OFFICIAL USE ONLY:** | | | | | |
| ***Justification and Refund Recommendation:***  Name: Signature: Date: | | | | | |
| ***Finance Department*** | | | | | |
| *Please indicate the percentage of examination entry fee refundable to the candidate. 50% 75%* | | | | | |
| Refund Method | |  | | | |
| Supporting Document | |  | | | |
| Amount: | |  | | | |
| Name: Signature: Date: | | | | | |
| ***Approved By:***  Name: Signature: Date: | | | | | |

*CPSP/APS/42*