

**REFUND REQUEST FORM**

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| **APPLICANT INFORMATION** |
| Name:  | Reg No. |
| National ID: | Contact: |
| Address: | Email: |
| **REQUEST DETAILS** |
| Reason for Request:  |
| Duplicate PaymentOverpaymentWithdrawal from ExaminationsDiscontinuation  |  |
| ***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*