



REFUND REQUEST FORM

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