

REFUND REQUEST FORM

IMPORTANT NOTES

1. ERci requires a written notification of your intended withdrawal from a programme of study.
2. The student shall receive any refundable amount in accordance with the ERci Refund Policy, within seven (7) working days from the receipt of this form.
3. Please refer to your Student Contract for the refund policy.

PART A: STUDENT'S PERSONAL DETAILS

| | | | |
|--------------------|---------------|-----------------|-------------------|
| Name of student: | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Contact Number: | (residential) | (mobile/office) | |
| NRIC/Passport No.: | | | ERCi Student No.: |

PART B: REFUND DETAILS

| | | | |
|--|--|---------------------|------------------|
| Name of Programme: | | | |
| Date Joined: | (month & year) | Full-Time/Part-Time | |
| Cheque to be made payable to: (if different from the details in Part A) | | | |
| Refund Type: | <input type="checkbox"/> Course Fee <input type="checkbox"/> Miscellaneous Fee <input type="checkbox"/> Excess Payment <input type="checkbox"/> Others: _____ | | |
| Reasons for Refund Request: | | | |
| Refund Options | <input type="checkbox"/> Collect Cheque in person | | |
| | <input type="checkbox"/> Telegraphic Transfer (Available only for International students and students based overseas) Note: All bank charges (local & overseas) will be borne by the student | | |
| | <u>Bank Account Details</u> | | |
| | Bank Name | : | _____ |
| | Account No. | : | _____ |
| Account Name | : | _____ | |
| Swift Code | : | _____ | |
| <input type="checkbox"/> Others | : | _____ | |
| Student's Signature: | | | Date of Request: |

PART C: FOR OFFICIAL USE ONLY

Receipt of Refund Request

Received by:

Designation:

Date:

Signature:

Refund Amount (SGD):

Management Approval of Refund Request

Approved

Rejected

Done by:

Designation:

Date:

Signature:

PART D: PAYMENT

Mode of Payment:

Done by:

Designation:

Date:

Signature:

Note: Attach any other supporting documents of the refund.

PART E: STUDENT'S ACKNOWLEDGEMENT

Name of Student:

Date:

Signature:

Note: Attach supporting documents (if any).