

REFUND REQUEST FORM



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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"/> Only for fees paid by credit card. Refunds MUST be processed directly to the original credit card. <input type="checkbox"/> Fund transfer / Internet banking (for local transfer)* <input type="checkbox"/> Telegraphic Transfer* (Available only for International students and students based overseas) *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).