



REQUEST FOR REFUND

I _____ (full name)

of _____ (business name)

Telephone: _____ (mobile)

Email: _____

Hereby request a refund for:

_____ (name of program/s)

Reason/s:

Preferred cancellation date: ____/____/____ (date)

I understand that my request will be presented to the assessors, who will review my application within 5-10 business days.

I understand that the assessors will make every effort to provide a fair assessment of my request and will deliver a decision in writing within 5-10 business days.

Signature: _____ Date: _____

Please note:

Should your request be for medical reasons, please provide the appropriate doctor's certificate / medical proof.

Please attach any supporting documentation if applicable.

Please be aware that **All decisions delivered are final.**

Office Only:

Request for refund

- ☐ Approved
- ☐ Partially Approved
- ☐ Denied

Refund approved for amount:

\$ _____

Assessor's Signature: _____

Assessor's Name: _____

Additional Notes: