

APPLICATION FOR REFUND FORM E

(Please read the following instructions before completing this form)

INSTRUCTIONS

1. All refund requests shall be made on this form to Singapore Institution of Safety Officers (SISO) 14 working days before the start of the programme or course.
2. You will be informed of the outcome within 30 working days from the date of approval.
3. Please ensure that ALL parts of this form are completed before submission and that the form is signed and dated.
4. Please ensure that your supporting documents are attached with this form.
5. Late submission and incomplete form will not be accepted or entertained.

SECTION A: (To be completed by applicant)

Name:	
Address:	NRIC/WP no:
Email:	Contact no:
Course title (batch):	
Module (if applicable):	Type of refund: (Please tick) 1. Course withdrawal <input type="checkbox"/> 2. Exemption <input type="checkbox"/> 3. Overpayment <input type="checkbox"/>
Reasons for requesting for Refund (documentary evidence must be attached)	

I have read and agree to the above instructions

Requester's Signature: _____

Date: _____

SECTION B: (For official use)

Date of submission:	Documents checked and found
Received by:	CORRECT / INCORRECT
Comments:	
Endorsed by :	Date:
Signature:	

SECTION C: (To be completed by Accounts department)

Invoice number: _____	Date: _____
Credit note: _____	Date: _____
Payment Advice number: _____	Date: _____
Cheque number: _____	Date: _____
Updated by: _____	Date: _____