



## REFUND REQUEST FORM

EFG-OF-17

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**A. Learner & Course Details****Learner Details**

Name: \_\_\_\_\_

NRIC / FIN / Passport No: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Course Details**

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Invoice / Receipt No: \_\_\_\_\_

Amount Paid (SGD): \_\_\_\_\_

**B. Refund Request Details****Reason for Refund (Tick ✓):** Medical Reason (Supporting documents required) Work Commitment Personal Reason Course Postponement / Cancellation Not Eligible for SSG Funding Others: \_\_\_\_\_**Detailed Explanation:**\_\_\_\_\_  
\_\_\_\_\_**C. Refund Amount Requested**

Amount Requested (SGD): \_\_\_\_\_

**D. Bank Details (For Refund Processing)**

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

PayNow (Mobile or UEN): \_\_\_\_\_

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**E. Declaration by**    Learner    Company

I/we hereby confirm that the information provided is true and accurate. I understand that:

- Refund is subject to the company's refund policy
- Administrative charges may apply
- Refund processing will be completed within **3–5 working days upon approval**
- If SSG funding is not approved or disbursed, I shall be liable for the full course fee

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**F. For Office Use Only****Approval Status:** Approved Rejected

Approved Refund Amount (SGD): \_\_\_\_\_

Remarks: \_\_\_\_\_

Processed By: \_\_\_\_\_

Payment Date: \_\_\_\_\_