

REFUND REQUEST FORM

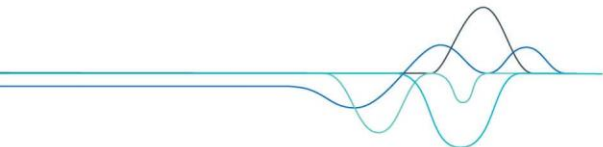
PERSONAL DETAILS					
Title:		Last Name:		First Name:	
CONTACT DETAILS					
Telephone (H):		Telephone (W):		Cell Phone:	
Email:				Fax :	
Physical Address:			Postal Address:		
		Postal Code:		Postal Code:	
BANK ACCOUNT DETAILS					
Account Holder:			Bank:		
Account Number:			Branch Code:		
Account Holder ID Number / Company Registration Number:			Account Type:		

Please note the following:

1. This form must be completed and emailed to studentaccounts@sacap.edu.za by the 15th of the month in order to be processed and paid by month end. This does not include International Students (please see below point 3).
2. A 'Withdrawal from Study' form must have been completed and returned to administration in order for a refund to be processed.
3. Refunds to International students require an application to the Reserve Bank and thus SACAP has no control over timing of the refund.
4. Completion of this form does not guarantee a refund. Refunds will only be paid once the account has been reconciled. Should the account still have monies owing, the student will be required to settle the outstanding amount. **This form should not be completed if the student is aware of an outstanding balance owed to the College.**

Signature: _____

Date: _____



CPT | DUR | JHB | PTA | ONLINE

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