SARAWAK MARITIME ACADEMY SDN BHD

(677733-X)

Shin Yang Group of Companies

REFUND FORM

Name		**Intake**			
Reg. No.		**IC No.**		**R.F. No**	
Courses		**Tel. No.**		**Date**	

* Tick (√) where appropriate

Reason for refund request:

( ) Withdrawal

( ) Sponsorship _____

( ) Fully sponsored ( ) Partly sponsored

( ) Others _____

The refund payment should be payable to:

Full Name	
Account No.	
Bank	
Relationship	
Contact No.	

_____

Signature of Participant

For Office Use Only

Payment Particulars

O/R No.	Discription	Amount (RM)
Ringgit Malaysia		***Total (RM)***

* Tick (√) where appropriate

Method of payment:-

☐ Cheque (No._____)

☐ Cash

☐ Others _____

Remarks:-

Checked and Confirmed by:	Checked and Verify by:	Checked and authorized by:
_____	_____	_____
Registry Deparment	Bursary	CEO
Name: Date:		

Notation by HR: ----------

Notation by MD: ----------