



| APPLICATION FOR REPAYMENT | | |
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| PERSONAL DETAILS | | |
| Name & Surname: | | Registration No (If applicable): |
| Postal Address: | Tel No: | Cell No: |
| Email address: | | Physical Address: |
| DETAILS OF INITIAL PAYMENT | | |
| Reason for Payment: | Date of Payment: | Amount Paid: |
| Attach proof of payment: Yes/No | Means of Payment: Cash/Electronic Transfer/Cheque/Bank Deposit | |
| APPROVAL OF REPAYMENT (Office) | | |
| Confirmation of Receipt of Initial Payment by official: Designation | Any other outstanding fees: Yes/No | If yes, indicate the amount: R Outstanding fees are for the following: For which period: Has the client been invoiced for the fees due: Yes/No |
| Approved/Not Approved/ | Reason for non-approval: | Approved Refund Amount: R. |
| Approved By <div style="display: flex; justify-content: space-between;"> Registrar/CEO Date </div> | | |