



| Website: www.JomDaftarTadika.com | Email: account@aslgroup.com.my |
Tel: +603-51314978 | HQ: No 26-1 Jln Sungai Burung, Y32/Y Bukit Rimau seksyen 32, 46400 Shah Alam

REFUND REQUEST FORM

DATE :

CONTACT INFORMATION :

STUDENT NAME : _____

PARENTS NAME : _____

KINDERGARTEN: _____

PRINSIPAL NAME: _____

ADDRESS : _____

EMAIL : _____

PHONE : _____

BANK : _____

ACCOUNT NO: _____

AMOUNT TO REFUND : _____

REASON FOR REFUND : _____

SIGNATURE; (Name & Date)

* The processing duration is 20 days after form received and approval subject to the term & Conditions.

FOR OFFICE USE ONLY

Status : Approve / Disapprove / Special Terms

Signature : (Name & Date)

Note :

ACC/RE/18/01