



| Website: [www.JomDaftarTadika.com](http://www.JomDaftarTadika.com) | Email: [account@aslgroup.com.my](mailto:account@aslgroup.com.my) |  
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## 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