



**APPLICATION FOR REFUND FEE – TO BE COMPLETED BY THE STUDENT**

Email to: [debtors@elangi.edu.za](mailto:debtors@elangi.edu.za) Tel: (031) 716 6700 / 492 4363 (Finance)

**Kindly Fill out the Following Details:**

Full Names: \_\_\_\_\_ Student Number: \_\_\_\_\_

Surname: \_\_\_\_\_ Cell NO: \_\_\_\_\_

Email: \_\_\_\_\_ ID NO: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

**Refund Method:**

**EFT (ELECTRONIC REFUND) Please complete all Bank Account fields below:**

Name of Bank: \_\_\_\_\_ Account Holder: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account No: \_\_\_\_\_

**COMPULSORY DOCUMENTS REQUIRED:**

- Completed and Signed Refund Form.
- ID Copy of a Natural Person / Third Party.
- Confirmation of Banking Details or Bank Statement with Official Bank Stamp.

**ADDITIONAL COMPULSORY DOCUMENTS FOR COMPANY OR SPONSOR REFUNDS:**

- Letter from a Sponsor Authorising a Refund and Amount.

I hereby authorise Elangeni TVET College to pay the refund amount into the above mentioned banking account and I also agree that the College will not be held responsible for any incorrect details supplied by myself.

**Failure to provide all supporting documents/correct information will result in NO REFUND being processed.**

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Once completed, please email to [debtors@elangi.edu.za](mailto:debtors@elangi.edu.za) or hand document to any of our Campuses or Central Office or Private Bag X9032 Pinetown 3600.

**For Office Use**

Amount to be Refunded: \_\_\_\_\_ R \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_