



Fee Refund Form

Date* :

Name of Parent* :

Address :

Contact Tel No(s)*:(Mob) Sec Mob:Resident No:.....

Email id* :

I hereby request you to kindly refund the fees paid by me for my:-

Student ID No(s)* :(Last Five Digits)

Student Name(s)* :Class &Sec:.....

Please write the reason for refund*

All refunds should be made through Accounts payee Cheque in the name of*

..... (in capital words).

If Student transferring to other GEMS School,Please mention the School and ID No.....

I hereby authorize, Mr/ Mrs Whose specimen signature is given below to receive the cheque on my behalf.

Cheque will take up to 10 working days from the submission date and will collect it from School Counter after informed.

Thanking you

Yours faithfully,

*

(Signature of Parent)

FOR OFFICIAL USE

Acknowledged	Checked	Authorized	Approved
Registrar	Accountant	Principal	Finance Controller

Last Attended Date:

Payment Details – Cheque/Bank Transfer

Voucher No: Date

Bank

Cheque/TT No: AED

Acknowledgement from Parent / Guardian

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