



Fee Refund Form

Date* : **18 August 2025**

Name of Parent * : **Kashif Jamal Ahmed**

Address : **Dubai Sports City, Dubai, UAE**

Contact Tel No(s)*(Mob) **0522738427** Sec Mob: Resident No:.....

Email id * : **kashif.jml786@gmail.com**

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

Student ID No(s) *: **25226**(Last Five Digits)

Student Name(s) * : **Hiba Kashif**Class &Sec: **Grade 3**

Please write the reason for refund * **No Vacancy Available**

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

KASHIF JAMAL AHMED(in capital words).

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

I hereby authorize, Mr/ Mrs **Kashif Jamal Ahmed** 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,

*
Kashif Jamal Ahmed

(Signature of Parent)

FOR OFFICIAL USE

Acknowledged Registrar	Checked Accountant	Authorized Principal	Approved Finance Controller	Last Attended Date: Payment Details – Cheque/Bank Transfer Voucher No: Date
				Bank Cheque/TT No: AED Acknowledgement from Parent / Guardian