



FORM SPE

INDUSTRIAL TRAINING FUND

PAYMENT OF STUDENTS' ALLOWANCES THROUGH E-PAYMENT

From:.....

To: The Area Manager

Name of Organisation:.....

ITF:.....

Location Address:.....

S/No	Name of Student	Matric No	Course of Study and Year/Level	Name of Institution	Period of Attachment in Months	Date of Commencement	Date of Completion	Remarks

This form is to be completed by the Employer and sent to ITF Area Office.....by hand.

Date:.....

Stamp and Signature of Employer:.....