

# Fee Payment Request Form



*Form must be completed and returned to the Financial Aid Office within 10 days of commencement of the semester.*

Student's Name: ..... Student ID NO: .....

Course ..... Year of Study: ..... Semester.....

Mobile NO.:.....Email address:.....

Mode of Study Fulltime  Part-time

Average grade in the previous academic year:.....

HELB/CRB Reference No: .....

## Financial Aid

Loan  Scholarship  Percentage.....

Loan/Scholarship Name .....

*Ensure that the amount invoiced in your AMS account is correct before filling this form as this will form the basis of calculating your Financial Aid.*

Other Sources of funding applied for (e.g. HELB, external scholarship): Yes  No

If Yes, please provide details:

Name..... Amount expected .....

## Declaration

I confirm that the information provided in this application is, to the best of my knowledge, true and correct. I undertake to notify the Financial Aid Office of any changes in my circumstances without delay. I understand that any false information given will invalidate this application.

Signature..... Date.....

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## FOR OFFICIAL USE ONLY

All information verified for completeness

Signature: ..... Date.....

Renewal Financial Aid: Yes  No

## Payment Authorized

Signature: ..... Date.....