

AMA TRAINING - Refund Form



DETAILS OF THE PERSON APPLYING FOR REFUND			
Full Name:			
Address:			
Phone:		Email:	
Course:			

REASON FOR REFUND

- Refund following a complaint
- Special Consideration
- Tuition fees have been overpaid

ADDITIONAL INFORMATION TO SUPPORT THE REQUEST FOR REFUND

REFUND DETAILS

- I am applying for a full refund
 I am applying for a partial refund

CT APPLICATION CHECKLIST

Please make sure all the boxes are ticked before you submit the application

<input type="checkbox"/> Yes	I have read and understood the AMA Training refund policy
<input type="checkbox"/> Yes	The information provided are true and accurate
Participant Signature:	Date: