

CERTIFICATE OF PAYMENT OF FEES

THE STUDENT NAMED BELOW INFORMS THE COLLEGE THAT YOU WILL BE RESPONSIBLE FOR PAYMENT OF HIS/HER COURSE FEES, EXAMINATION FEES, REGISTRATION FEES. PLEASE COMPLETE AND RETURN TO THE FINANCE OFFICE TOGETHER WITH THE STUDENT'S ENROLMENT FORM.

STUDENT'S NAME _____

ADDRESS _____

DATE OF BIRTH

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FEE

£

COURSE TITLE _____

COURSE REF _____ **COURSE PERIOD CODE** _____

THIS SECTION MUST BE COMPLETED

EMPLOYERS NAME _____

EMPLOYERS ADDRESS _____

I/We hereby agree to pay course fees of _____

I/We hereby agree to pay examination/registration fees to be determined

COMPANY STAMP

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INVOICE ADDRESS IF DIFFERENT FROM ABOVE

ADDRESSEE _____

EMPLOYERS NAME _____

ADDRESS _____

SIGNED _____ **OFFICIAL POSITION** _____

DATE _____