



ACE London School

Fee Refund Form

Date: _____

Student Information

Student Name: _____

Address: _____

Student I.D: _____

Contact Number: _____

Email Address: _____

Payment Details

Purpose of Payment: _____

(e.g., Tuition Fee, Admission Fee, Miscellaneous Charges)

Amount Paid: _____

Payment Date: _____

Receipt Number: _____

Refund Request Details

Reason for Refund:

Requested Refund Amount: _____

Supporting Documents Attached: ☐ Yes ☐ No

(e.g., original fee receipt, cancellation letter, proof of payment, visa refusal letter, medical letter)

Bank Details for Refund (if applicable):

Account Holder Name: _____

Bank Name: _____

Account Number: _____



IBAN Number: _____

Sort Code: _____

Swift Code: _____

Acknowledgment and Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I understand that the refund process will follow the policies and guidelines of ACE London School.

Signature of Applicant: _____

Date: _____

For Office Use Only

Received By: _____

Date Received: _____

Refund Approved By: _____

Refund Amount Approved: _____

Remarks: _____