

**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**

£
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**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** \_\_\_\_\_