



registered under



National Training Council of
Papua New Guinea

EXCESS FEE REQUEST FORM

Effective as of June 2010

PERSONAL DETAILS (ALL DETAILS IN THIS FORM MUST BE FULLY COMPLETED CLEARLY IN CAPITAL LETTERS.)

Title:(Mr / Mrs / Ms / Miss) _____ Given Name: _____ Surname: _____

Student ID No. #: _____ Course/Program Applied: _____

Class: _____ Year: _____ Semester: _____

FINANCIAL DETAILS

Amount paid: _____ Excess Amount: _____

Method of Payment: Cash

Cheque

Sponsored By: _____

Direct

Sponsored By: _____

Date of Payment: ____/____/____
(DD / MM / YY)

Signature: _____

Date: ____/____/____
(DD / MM / YY)

ADMINISTRATION USE ONLY

Ensure that applicant has successfully completed the application requirements.

Approved:

Not Approved:

Authorised By: _____

Signature: _____

Date: ____/____/____
(DD / MM / YY)