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Co. / GST Reg. No. 200704825E



**PAYMENT ADVICE FORM  
BACHELOR OF INFORMATION TECHNOLOGY**

**Instructions:**

1. Please complete this form in full and return with payment to the above address on or before **19 April 2010**.
2. All payment shall be made by cheque, cashier order, NETS, Visa or Mastercard. Cash will not be accepted.
3. Cheques must be crossed and made payable to "PSB Academy Pte Ltd".
4. Late payment fee will be imposed at a flat fee of S\$53.50 (incl. of 7% GST) after **19 April 2010**.

<b>SECTION A: STUDENT'S PARTICULARS (*Please delete accordingly)</b>			
Name of Student (as in NRIC / Passport) *Mr / Ms / Mrs / Dr / Prof			
*NRIC / FIN / Passport No. (Include prefix)	Student Number	Discipline	Cohort
Postal Address			Postal Code
University Student Email Address	Handphone No.	Office Tel No.	Home Tel No.

<b>SECTION B: PAYMENT DETAILS (For Block4, 2010)</b>				
Description	No. of Units Enrolled		Amount per 10 units	Total Amount
Block 4, 2010 fees	1	x	S\$1,450.00	= S\$1,450.00
Add 7% GST				= S\$101.50
Less previous payment				= S\$0.00
<b>Total Amount Payable</b>				<b>S\$1,551.50</b>

<b>SECTION C: FOR SELF-SPONSORED STUDENT</b>				
<input type="checkbox"/> I understand and will comply with the terms and conditions of PSB Academy and wish to continue on the above program. I hereby enclose the payment:				
Cheque / Cashier Order No		Bank	Amount	
NETS / Credit Card Amount				
<input type="checkbox"/> I do not wish to continue with the program.				
_____ Signature of Student			_____ Date	

<b>SECTION D: FOR COMPANY-SPONSORED STUDENT</b>				
Name of Company				
Company Address			Postal Code	
Name of Company Representative			Designation	
Tel No.	DID No.	Fax No.		
<input type="checkbox"/> My company understands and will comply with the terms and conditions of PSB Academy and confirms that the above student wishes to continue with the program. We hereby enclose the payment:				
Cheque / Cashier Order No		Bank	Amount	
<input type="checkbox"/> The student does not wish to continue with the program.				
_____ Signature of Company Representative			_____ Date	

<b>FOR OFFICIAL USE</b>		
Pmt Received Date : _____	Rec'd by FO : _____	PE's ID : _____
Receipt No : RDC10 _____	RHN09 _____	/ Student Top Up - APP. No.: _____

NB: All information provided are treated with strictest confidentiality and are meant for internal use only.