



PAYMENT ADVICE FORM
UWA BACHELOR OF SCIENCE (LIFE SCIENCES Cohort 207 to 209)

Instructions:

1. Please complete this form in full and return with payment to the above address on or before 23 Feb 11.
2. All payment shall be made by cheque, NETS, Visa or Mastercard.
3. Cheques must be crossed and made payable to "PSB Academy Pte Ltd". No post-dated cheques are allowed.
4. Late payment fee will be imposed at a flat fee of S\$53.50 (incl. of GST) after 23 Feb 11.
5. All fees payment are subjected to the prevailing GST rate.
6. Students who have signed the CPE Student Contract, please refer to Schedule 2.1 for the breakdown of fees.

SECTION A: STUDENT'S PARTICULARS (*Please delete accordingly)

Name of Student (as in NRIC / Passport) *Mr / Ms / Mrs/ Mdm / Dr / Prof		App#	
*NRIC / FIN (for STP students)	Student Number	Discipline	Cohort / Intake
<input type="checkbox"/> Tick here if there is no change to your Postal Address and Contact Information as per last update.			
Update the following if there is any change:	Updated Postal Address		Postal Code:
	Handphone No.	Office Tel No.	Home Tel No.

SECTION B: PAYMENT DETAILS

<input checked="" type="checkbox"/> Instalment Fee payment				
Module / Course Title and Description (Please indicate Module / Course Title, if applicable)				
[]		[]		
[]		[]		
Study Period	No. of Unit(s) enrolled		Amount per unit (before GST)	Total Amount (\$)
<input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4		x	S\$1,450.00	=
		x		=
Add 7% GST				=
Add Fee Protection Scheme &/or Medical Insurance (Inclusive of 7% GST)				
Less Advanced Payment (if any)				
Total Amount Payable (Inclusive of 7% GST)				

Re-module course fees

Module / Course Title and Description (Please indicate Module / Course Title, if applicable)				
[]		[]		
[]		[]		
Study Period	No. of Units Enrolled		Amount per < > units	Total Amount
		x		=
Add 7% GST				=
Less <Deductions>				
Total Amount Payable				

SECTION C: DECLARATION

<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 No	Bank	Amount		
NETS / Credit Card				
Amount				
_____ Signature of Student			_____ Date	

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

PSB Academy Pte Ltd (A member of TÜV SÜD Group)
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Singapore 169567
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Co. / GST Reg. No. 200704825E

A MEMBER OF TÜV SÜD GROUP



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FOR OFFICIAL USE	
Pmt Received Date : _____	Rec'd by FO : _____
Receipt No : RDC10 _____	RHN10 _____ / Student Top Up - APP. No.: _____
FPS Status: Prog End: <programme end date> _____	
Checked by: _____	
<u>Student Services:</u>	
Courses Enrolled : _____ ; _____ ; _____ ; _____	
Updated by : _____ Date: _____	