PSB Academy Pte Ltd (A member of TÜV SÜD Group)
355 Jalan Bukit Ho Swee
Singapore 169567
Tel : (65) 6885 1000, Fax (65) 6276 3103
Email contactus@psb-academy.edu.sg
www.psb-academy.edu.sg
Co. / GST Reg. No. 200704825E

A MEMBER OF TÜV SÜD GROUP

psb Academy

PAYMENT ADVICE FORM
UWA BACHELOR OF SCIENCE **(PSYC/SSEH)**

Instructions:
1. Please complete this form in full and return with payment to the above address on or before 25 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 25 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

☐ 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

☒ 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 ($)
☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ G2 ☐ G3 ☐ G4		x	S$1,333.33	=	
☐ G4 (for MGMT1160 only)		x	S$450.00	=	
Add 7% GST				=	
Add Fee Protection Scheme &/or Medical Insurance (Inclusive of 7% GST)					
Less Advanced Payment (if any)					**($0.00)**
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

☐ 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.

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PAYMENT ADVICE FORM

UWA BACHELOR OF SCIENCE **(PSYC/SSEH)**

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: _____

Student Services:

Courses Enrolled : _____; _____; _____; : _____

Updated by : _____ Date: _____