

PAYMENT FORM



Dear Student,

We want to ensure that your payments are reflected accurately on our records and that your monthly billing is correct. Kindly complete this form and return to Dale Faulmann: dale@learninggroup.co.za

- E-mail the form to consult@learninggroup.co.za; or
- Alternatively you can call us on: 021 958 2526/0861 98 88 93.

Name:

Student Number/ID:

Contact Number:

Herewith my payment of R_____ for the month of _____.

Please attach Proof of Payment with this form:

Payment made by means of: (Please indicate with √)

Bank Deposit

EFT

Credit Card

Signature: _____

Date: _____