

Student Sponsorship Form 2024/2025

This form is an agreement between the Employer and Professional Accountancy Training, whereby the employers accepts full responsibility of the payment of fees for the student registered on the course shown below.

STUDENT DETAILS: (BLOCK CAPITALS)

Student Name: _____

Course Completing: _____

Subjects being sponsored: _____

Sponsored Amount: _____

EMPLOYER DETAILS (BLOCK CAPITALS)

Contact Name: _____

Company Name: _____

Invoice Address: _____

PO Number: _____

Phone Number: _____

Email Address: _____

Signature of Employer: _____ **Date** _____

The employer signed above, agrees to be responsible to pay for the fees stated above and agrees to pay within 30 days of the invoice date. No refunds will be issued once course commences and the employer is liable for the fees if the student withdraws from the course above.

Signature of Student: _____ **Date** _____

The student signed above agrees to his employer requesting details regarding his/her participation in the course such as attendance records, completion of homework or mock exams from Professional Accountancy Training without any prior notice.

Company's Stamp Here