

DEREGISTRATION

| LEARNER INFORMATION | | | |
|---------------------------|--|---------|--|
| Name of Assessment Centre | | Grade | |
| Full name | | Surname | |
| ID Number | | | |
| Email | | | |
| Cell Number | | | |

I _____ ID _____

parent/gaurdian of _____ hereby wishes to terminate my contract with Aux ilio cc from _____ (date).

I understand that no fees will be refunded for any product supplied by Aux ilio cc, or for completed terms.

I agree to a cancellation fee of R1 800.00 as per our original contract.

If a refund is applicable after cancellation, it will be paid within 30 days from receipt of this written cancellation.

Parent/Gaurdian's Signature

Date

Aux ilio cc Signature

Date