



INSTALMENT AGREEMENT FORM

Student Information	Surname	Initials	Total amount	Deposit	Outstanding

Instalment No	Payment date	Amount
1		
2		
3		
4		
5		

Instalment No	Payment date	Amount
6		
7		
8		
9		
10		

Agreement entered into by Empirical Training Agency and _____

Name of person responsible for payment	Empirical Training Agency representative
Tel:	Tel:

1. I undertake full responsibility for the payment of the above mentioned fees
2. I undertake to return deposit slips to Empirical Training Agency upon payment
3. I undertake to notify Empirical Training Agency if I am not able to pay on due date
4. I take note of the fact that I will be held liable for any legal costs if I breach this contract
5. In case of a non-payment of fees, results may be withheld

Signed at _____ on this _____ day of _____ 20____

Signature of person responsible for payment

ID Number

Signature of student

ID Number