



Date:

To:
Finance Department
MAHSA UNIVERSITY

Dear Sir/Madam,

Subject : Appeal for Deferred Payment

Course : _____ Intake: _____

I, _____ (Name) _____ (I/C or Passport No)

would like to request for deferred payment. This is because _____

Therefore, I would like to extend the payment date.

I would request to pay in the following manner for the current semester/year ____ :-

- (1) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (2) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (3) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*

And payment in advance for semester/year ____ :-

- (1) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (2) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (3) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (4) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*
- (5) Date _____ Amount (RM) _____ (Cash/Cheque/TT)*

I fully understand and agreed that will be admin charges of **RM1000** per semester request and also late payment charges of RM100 per week if I failed to follow the above payment date.

Please consider my payment on the deferred payment. Thank You

Yours faithfully

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Student name :
 I/C or Passport No. :
 Student ID :
 Contact No. :
 Address :