



CAREER DREAMS CENTRE FEES PAYMENT SCHEDULE

This schedule should be entered by trainees (or their sponsors) who opt to clear their tuition fees through **INSTALMENTS**.

Please note that training services may be **discontinued** should you not honor the schedule **YOU** have given. When and if this happens, the trainee may be required to **update payments before resumption of training**.

Note: that **NO REFUND** or **DEDUCTIONS** shall be given for the days training was missed.

Installment	Amount	Date Due
1 st Installment	P _____	date due _____
2 nd Installment	P _____	date due _____
3 rd Installment	P _____	date due _____
4 th Installment	P _____	date due _____
5 th Installment	P _____	date due _____
6 th Installment	P _____	date due _____

Signed (Trainee/ Sponsor) _____
Name Signature

Omang / Passport Number _____

Date _____

Served by _____

With Thanks