KASONG DRIVING SCHOOL

Client Refund Request Form

Complete, save and email this form to support@kasongdrivingschool.co.za.
You may also print, complete and sign it by hand. Attach proof of payment.

1 CLIENT DETAILS

Full name and surname

Contact number

Email address

Student / booking reference (if available)

2 PACKAGE AND REFUND DETAILS

Package / service purchased

Purchase date (DD/MM/YYYY)

Total amount paid (R)

Payment method

Refund requested (R)

Lessons / services already used (include dates if known)

Reason for claiming the refund

3 BANKING DETAILS

Account holder name

Bank name

Account number

Account type

Branch code

4 CLIENT DECLARATION

I confirm that the information and banking details supplied are accurate. I request that any approved refund be paid to the account above. I understand that submission does not guarantee approval and that the school will assess this request under its published policy and applicable law.

Client signature (type full name or sign by hand)

Date (DD/MM/YYYY)

Policy reminder: Submit requests in writing within 14 calendar days of purchase. Where lawful, an approved refund may be reduced by a 15% administration and cancellation charge, services already provided and non-refundable third-party costs. Approved refunds are normally processed within 21 working days after receipt of the completed form and banking details. Non-excludable consumer rights remain protected.

Full policy: www.kasongdrivingschool.co.za/terms-and-conditions/

Enquiries: +27 60 393 4503 / 081 325 1741