

SINGAPORE COLLEGE OF INSURANCE
Diploma in General Insurance Broking (DGIB) – Self-Study

SCHEDULE 3.2

STUDENT CONTRACT CANCELLATION

I, _____ [name

as in NRIC / Passport] of NRIC/Passport Number* _____, on this

_____ [date in DD/MM/YYYY format] hereby cancel
the SCI-Student Contract with the **SINGAPORE COLLEGE OF INSURANCE**,

SIGNED by the Candidate:

Signature

Date

Acknowledgement by the SCI (within 3 working days):

This is to confirm that the SCI has received your Form and that the Student Contract is hereby cancelled as mutually agreed:

Received by SCI (Name of Officer)

Authorised Signature of the SCI

Date

* *Please delete as appropriate.*