

Agip House, Wing A  
Off Haile Selassie Avenue  
P. O. Box 8043- 00100  
Nairobi, Kenya



Tel: +25420 2000541  
Cell: +254777200541  
Web: [www.ica.ke](http://www.ica.ke)  
Email: [info@ica.ke](mailto:info@ica.ke)

**Institute of Certified Administrators, Kenya**  
*Skills for Excellence*

**REQUEST FOR FEES REFUND FORM**

***To be filled, scanned and emailed to [info@ica.ke](mailto:info@ica.ke)***

**PERSONAL DETAILS**

Name: \_\_\_\_\_ ID No. #: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Box No: \_\_\_\_\_ Town: \_\_\_\_\_ Code: \_\_\_\_\_

**PAYMENT DETAILS**

Date of Payment: \_\_\_\_\_ Mode of Payment: \_\_\_\_\_

Payment Reference Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

Reason for refund request: \_\_\_\_\_

Issued with official receipt? **Yes**  **No**  if yes, indicate Receipt No. # \_\_\_\_\_

Issued with Membership Card? **Yes**  **No**  if yes, indicate Card No. # \_\_\_\_\_

Please indicate your bank a/c details

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ A/c No: \_\_\_\_\_

Remarks: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

I have enclosed the original copy of receipt issued by ICA (Where applicable)

I have enclosed the ICA membership card issued to me (Where applicable)

***Note: Refunds will be channeled through bank account details provide in this form within seven days of application.***