

## **UNDERTAKING FORM**

Name	:					
Programme	:	EBBM/ GUIDES / ISEDS / TESLS / M.ED			Matric No. :	
Centre	:	GOMBAK/ PENANG/ JOHOR/ KELANTAN SABAH/ KUCHING/ BINTULU			Batch No. :	
E-mail	:				Contact No. :	
** I hereby unde	rta	ke to pay my tuition fee	e of Semester		by insta	ıllment as below:
Date		Amount	Settlement		Balance Due	
		Outstanding	Date	Amount		Due
		RM		RM		
				RM		
	RM RM		[			
				RM		
2. ICCE will he to this agree	av em					
Applicant Sigr	ıatı	ure:				
Name: Date:						
		<u>ICCE</u>	OFFICE USE ONL	<u>Y</u>		
Signature & A	ppi	roved by:				
 Date:		-				