



WEST BUSINESS SCHOOL HOLDINGS PTE LTD

1 Sophia Road #05-11 Peace Centre Singapore 228 149

Tel: (65) 6339 2122 Fax: (65) 6339 6882

Email: wbs@west.edu.sg

To: Hongkong and Shanghai Banking Corporation Limited

Date: _____

Dear Sirs

- I/We refer to the contract signed between myself/ourselves and WBS relating to the course of studies at WBS. I/We confirm that the terms of the fees payable for such course of studies are as follows:

Name of Student: _____

Date of Birth: _____

Sex: _____

Name of PEO: West Business School Holdings Pte Ltd

PEO Escrow Account Name: WEST BUSINESS SHPL-SPSESW

Escrow Account No: 041-572538-001

Student ID: _____

Course ID: _____

Instalment	Course ID / Instalment ID	Expected Payment Date	Payment Amount	Duration of Course/Semester/Instalment Period	
				From	To
1.					
2.					
3.					
4.					
5.					
6.					
Total Course Fees					

* Note: If fee for entire course is to be paid upfront, only one row needs to be filled.

* PEO to insert payment schedule in table above

By signing hereunder, I/we acknowledge and confirm that I/we are aware of the terms of Master Escrow Agreement (the "Agreement") dated 9 September 2004 and I/we further agree to the terms thereof. I/we acknowledge and confirm that I/we are aware that Student Fees are to be paid into Escrow Account (details as above) during the entire course duration and not into any other account. I/we undertake and agree to resolve any dispute relating to, or arising from, any matter or transaction contemplated hereunder in accordance with the terms and conditions of the Student Contract signed by me/us (and not refer any such disputes to WBS. I/We undertake and agree to refer to the PEO (and not the HSBC for any information or statements regarding the Student 's Pass is rejected by the Immigration & Checkpoints Authority of Singapore for any reason whatsoever, I/we confirm that HSBC will, at the instruction of WBS, refund to me/us any fees paid by me/us to HSBC net of any applicable bank charges to my/our account as follows:

(to be completed by student if applicable)

Name of Account: _____

Account Number: _____

Name of Bank/Branch/City/Country:

Student ID: _____

Course ID: _____

By signing below, the Student's Parent or Guardian hereby appoints the Student to be the true and lawful attorney for the Student's Parent or Guardian to execute and sign any Payment Voucher (if required) and any other deeds, documents or instruments supplemental to or varying any Payment Voucher. The powers and authorities given hereby shall remain in full force and effect for a period of two years after the end of the course of studies of the Student at WBS. The Student's Parent or Guardian will, from time to time and at all times, ratify and confirm whatever the Student lawfully does, causes to be done, pursuant hereto.

SIGNED by WBS:

Authorised Signatory
West Business School Holdings Pte Ltd

Name: _____

Date: _____

SIGNED by the Student:

Name: _____

SIGNED by the Student's Parent or Guardian (if the Student is under 21):

Name of Parent or Guardian: _____

Occupation: _____

Address: _____

Witness: _____

Occupation: _____

Address: _____