SINGAPORE TABLE TENNIS ASSOCIATION



Program Withdrawal Form (ZTC)*

Name of Child:			
Zone Training Centre:		Last day of	
(Location)		training *:	(ddmmyyyy)
Reasons for			Coach
withdrawal:			Signature:
Name of account	(Name as stated in bank acc	count)	
holder receiving			
refund:	7 (4) 6 1 6 11 1 1	1.6	
(It is the sole duty & respons		o provide correct infori	mation for refund payment. STTA
shall not be held liable for p	ayment to the wrong party if the	information provided is i	ncorrect)
PayNow	Handphone number of ac	ccount	
☐ (pls ensure	holder for PayNow		
correctness)			
Bank Transfer (pls ensure correctness)	Account No.		
	Bank Name		
training on (must be the l	e withdrawal of my child ast day of the following mo	onth*)	Zone Centre with last day or, with clear understanding
that I can only re-apply	my child into Zone Traini	ng Centre after 6 m	onths from the last day of training.
	ion I have provided is true	and correct.	
Name of Parent /		Signature:	
Guardian:			
Contact Number:		Date:	
Email:		-	
Acknowledgement of su	bmission of Withdrawal l	Form	
Date of Program Withdo			
Name of Student / Child	I		
Name & initial of STTA Staff			
STTA Stamp			
Cu	at along the line		
	bmission of Withdrawal l	Form (Parent's Cor	<u> </u>
Date of Program Withdom STTA Office	awal Form received at		
Name of Student / Child	l		
Name & initial of STTA	Staff		

STTA Stamp