



## DEFERRAL APPLICATION

I \_\_\_\_\_  
(full name)

of \_\_\_\_\_  
(business name)

Telephone: \_\_\_\_\_  
(mobile)

Email: \_\_\_\_\_

Hereby request a deferral for:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(name of program/s) (date of program/s)

Reason/s:

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I understand that my request will be presented to the Fempire Group PTY LTD assessors, who will review my application within 5-10 business days.

I understand that the assessors will make every effort to provide a fair assessment of my request and will deliver a decision in writing within 5-10 business days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:**

Should your request be for medical reasons, please provide the appropriate doctor's certificate / medical proof.

Please attach any supporting documentation if applicable.



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## DEFERRAL APPLICATION

Please be aware that Marnie LeFevre is NOT involved in the decision process, the Fempire Group assessors have final say with regards to deferments.

**All decisions delivered are final.**

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**Office Only:**

Request for deferral

- Approved
- Denied

IF APPROVED, Conditions of Deferral:

The clients deferral is approved from \_\_\_\_\_ (Month, Year) to  
\_\_\_\_\_ (month, year).

Assessor's Signature:

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Assessor's Name:

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Additional Notes:

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