

FempireTM

REQUEST FOR REFUND

I _____ (full name)

of _____ (business name)

Telephone: _____ (mobile)

Email: _____

Hereby request a refund for:

_____ (name of program/s)

Reason/s:

Preferred cancellation date: ____/____/____ (date)

I understand that my request will be presented to the Emote 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.

Please be aware that Marnie LeFevre is NOT involved in the decision process, the Emote Group assessors have final say with regards to refunds. **All decisions delivered are final.**

Office Only:

Request for refund

- Approved
- Partially Approved
- Denied

Refund approved for amount:

\$ _____

Assessor's Signature: _____

Assessor's Name: _____

Additional Notes: