

To: DBS Bank and Nanyang Institute of Management Pte Ltd  
From:  
Dated:

Dear Sirs

**Student Escrow Confirmation**

1. I/We refer to the Student Contract dated \_\_\_\_\_ signed between myself/ourselves and Nanyang Institute of Management Pte Ltd relating to the course of studies at Nanyang Institute of Management Pte Ltd. 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 PEI: Nanyang Institute of Management Pte Ltd

Escrow Account Number: 003-901547-0

Escrow Account Name: Nanyang Institute of Management STFA (Escrow)

Course ID:

Course Title:

Student e-mail address:

Student NRIC/FIN/Passport No.:

Instalment	Instalment ID/reference number	Expected Payment Date	Payment Amount	Duration of Course/Semester/Instalment Period	
				Commencement Date	End Date
1.					
2.					
3.					
4.					
5.					
6.					
Transit from SPS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Total Course Fees to be protected			
		Total Course Fees in Student Contract			

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

\* PEI to insert payment schedule in table above

By signing hereunder, I/we acknowledge and confirm that I/we are aware of the terms of the Master Escrow Agreement (the "**Agreement**") dated 22 December 2009 and I/we

**Nanyang Institute of Management Pte Ltd**

Co. Reg. No. 200105418C  
6 Eu Tong Sen Street #04-05 The Central  
Singapore 059817  
Tel: 65-6777 6996 Fax: 65-6324 0905  
Website: www.nanyang.edu.sg

further agree to the terms thereof. I/we acknowledge and confirm that I/we are aware that all Student Fees are to be paid into the 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 DBS Bank). I/We undertake and agree to refer to the PEI (and not the DBS Bank) for any information or statements regarding the Student Fees paid into the Escrow Account or any refunds therefrom.

In the event that my/our application for a Student's Pass is rejected by the Immigration & Checkpoints Authority of Singapore for any reason whatsoever or any course has been cancelled, de-registered or changed by Nanyang Institute of Management Pte Ltd, I/we confirm that DBS Bank will, at the instruction of Nanyang Institute of Management Pte Ltd, refund to me/us any fees paid by me/us to DBS Bank net of any applicable bank charges in the form of cashier's order or telegraphic transfer (or any other payment mode acceptable to that Escrow Bank), to my/our account as follows:

Name of Account:

Number of Account:

Name of Bank/Branch/City/Country:

Name of Correspondent Bank:

SWIFT Code of Correspondent Bank:

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 deeds, documents or instruments in connection with the Agreement. 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 Nanyang Institute of Management Pte Ltd. The Student's Parent or Guardian will, from time to time and at all times, ratify and confirm whatever the Student lawfully does, or causes to be done, pursuant hereto.

SIGNED by the PEI

---

Authorised Signatory of  
Nanyang Institute of Management Pte Ltd  
Name:  
Date:

---

**Nanyang Institute of Management Pte Ltd**

Co. Reg. No. 200105418C  
6 Eu Tong Sen Street #04-05 The Central  
Singapore 059817  
Tel: 65-6777 6996 Fax: 65-6324 0905  
Website: [www.nanyang.edu.sg](http://www.nanyang.edu.sg)

SIGNED by the Student

SIGNED by the Student's Parent or Guardian  
(if the Student is under 18)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent or Guardian

.....  
Occupation

.....  
Address

.....  
.....  
.....

SIGNED by the Witness

\_\_\_\_\_  
Name of Witness

.....  
Occupation

.....  
Address

.....  
.....  
.....

---

**Nanyang Institute of Management Pte Ltd**

Co. Reg. No. 200105418C  
6 Eu Tong Sen Street #04-05 The Central  
Singapore 059817  
Tel: 65-6777 6996 Fax: 65-6324 0905  
Website: www.nanyang.edu.sg

