UNITAR

Application Form for Audited Statement of Account (SOA)

Student Information

Full Name _____

Student ID _____

Programme _____

Contact Number _____

Email Address _____

Request Details

Purpose of SOA Request _____

Type of SOA ☐ Audited Statement of Account

Delivery Method

☐ Email

☐ Self-collection at: _____

☐ Other (please specify): _____

Declaration

I hereby confirm that the information provided is accurate, and I understand that a fee of RM30 per request applies. I have attached the proof of payment with this application.

Signature: _____

Date: _____

For Office Use Only

	Status	Remarks
Form Received	☐ Yes ☐ No	_____
Payment Verified	☐ Yes ☐ No	_____
Processed By	_____	
Date Processed	_____	

Finance Office / Registrar's Office