



JAMES FLAVIAN CHEGE MUNENE COLLEGE OF HEALTH SCIENCES
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FEES PAYMENT PLAN

DATE:

Iof ID No.....
wish to inform you that I am the father mother guardian (tick one) to
.....Admission number.....

I wish to state that I will be responsible for fees payment of the above student and that I am aware that the total fees for this term is Ksh.....

Today I have paid Ksh.....and the balance is Ksh.....which I promise to pay in installments as follows:

1st installment onKsh.....

2nd installment onKsh.....

3rd installment onKsh.....

Any other information.....

My other details are;

Postal address.....

Phone number.....

E mail address.....

I..... hereby promise to abide by the above agreement.

Sign.....

Date.....

FOR OFFICIAL USE

Student's Name.....Adm No..... Course.....

Approved by;

Name.....Designation.....Sign.....Date.....