



1 Marine Parade Central ♦ #03-09 Parkway Center ♦ Singapore 449408  
 Tel: 6346 7530 ♦ Fax: 6346 7537 ♦ Email: contact@lp.edu.sg

To: ETS Schools Pte Ltd trading as L P Language School and DBS Bank Ltd  
 From:

Dated:

Dear Sirs

**STUDENT ESCROW CONFIRMATION**

1. I/We refer to the Student Contract dated [ 18 December 2004 ] signed between myself/ourselves and ETS Schools Pte Ltd trading as L P Language School relating to the course of studies at ETS Schools Pte Ltd trading as L P Language School. I/We confirm that the terms of the fees payable for such course of studies are as follows:

Name of Student (max 80 char):	
Date of Birth (dd/mm/yyyy):	
Sex (Male/Female):	
Name of PEO:	ETS Schools Pte Ltd trading as L P Language School
Escrow Account Number:	003-901473-2
Escrow Account Name:	L P Language School STFA (Escrow)
Student ID (max 12 char):	
Course ID (max 10 char):	

Instalment No.	Bill Reference No.	Expected Payment Date (dd/mm/yyyy)	Payment Amount (\$)	Duration of Instalment Period	
				Commencement Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
1.					
2.					
3.					
4.					

Total Course Fee: \$ 0.00

**\* Note: PEO to insert payment schedule in table above. If fee for entire course is to be paid upfront, only one row needs to be filled.**

By signing hereunder, I/we acknowledge and confirm that I/we are aware of the terms of the Master Escrow Agreement (the “**Agreement**”) dated 9 September 2004 and I/we 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 Ltd). I/We undertake and agree to refer to ETS Schools Pte Ltd trading as L P Language School (and not the DBS Bank Ltd) 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, I/we confirm that DBS Bank Ltd will, at the instruction of ETS Schools Pte Ltd trading as L P Language School, refund to me/us any fees paid by me/us to DBS Bank Ltd net of any applicable bank charges to my/our account as follows:

Name of Account:	
Number of Account:	
Name of Bank / Branch / City / Country:	

**\* Note: The Account above for the refund of fees must be a personal account, and NOT a corporate account.**

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 Payment Voucher (if required) and any other deeds, documents or instruments supplemental to or varying any Payment Voucher. 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 ETS Schools Pte Ltd trading as L P Language School. 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.

**\* Note: Please ensure that all the fields in the signatory portion below (signature, name, occupation & address) are fully completed.**

**SIGNED by the PEO**

\_\_\_\_\_  
 Authorised Signatory of  
 ETS Schools Pte Ltd trading as L P Language School  
 Name:  
 Date:

**SIGNED by the Student**

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

**SIGNED by the Student's Parent or Guardian  
 (if the Student is under 21 years old)**

\_\_\_\_\_  
 Name of Parent or Guardian:  
 .....  
 Occupation:  
 .....  
 Address:  
 .....  
 .....  
 .....

**SIGNED by the Witness  
 (in witness of signature(s) of Student  
 AND Parent/Guardian, if applicable)  
 (Witness must be above 21 years old)**

\_\_\_\_\_  
 Name of Witness:  
 .....  
 Occupation:  
 .....  
 Address:  
 .....  
 .....  
 .....