



AFRICAN UNION AGENDA 2063 AMBASSADORIAL ASSEMBLY

NON-REFUND AGREEMENT FORM

Applicant Information:

Full Name:

Date of Birth: Nationality:

Phone Number:

Contact Address:

Email Address:

Non-Refund Policy Acknowledgment:

I, _____ (applicant's full name), understand and agree to the following terms regarding the payment made to the African Union Agenda 2063 Ambassadorial Assembly:

1. All payments made are non-refundable under any circumstances, including but not limited to withdrawal of application, disqualification, or termination of membership.

2. By signing this agreement, I acknowledge that I have read, understood, and agree to the non-refund policy.

Signature: _____ **Date:** _____