



Kundalini Yoga Teachers Association
Australia and New Zealand

KUNDALINI YOGA TEACHER LEVEL 1 NON COMPLETION FORM

Legal Name: _____ Spiritual Name: _____

ID Number (Driver's License or Passport): _____

Postal Address: _____

State: _____ Post Code: _____ Contact Phone: _____

Email: _____

- ☐ Ihave decided not to start my Level 1 Teacher Training, and kindly request my chosen Teacher Training School to reimburse the financial assistance funds back to KYTANZ within 30 days of this cancellation notice.
- ☐ Ihave decided not to complete my Level 1 Teacher Training and will reimburse KYTANZ within 30 days of this cancellation notice.

Signed: _____

Date : _____

Bank Details:
Kundalini Yoga Teachers Assoc Aust and NZ
BSB 012356
A/c 453919212