



REFUND APPLICATION FORM

Given Name:			
Family Name:			
Student ID			
Address:			
Suburb:		Country:	
Post Code:		Email Address:	
Course Name:			
Course Code:			
Course Start Date:			
Educator:			
Please state your reason for a refund application: (Attach additional papers if you need more writing space)			
Date of payment made			
Amount of payment made			
Method of payment made			
Banking details (Please write the details of your account in which you want your refunds to be transferred)	Name of Account:..... Account Number:..... Name of Bank:..... Branch:..... Swift Code:.....		

Student Signature:

Date:

.....

...../...../.....

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Document Name	Refund application form	Company name	ETEA	Issued:	Nov 2017	Ver 2.2
Authorised by QMC	CRICOS # 02925E	RTO # 5089	Review:	24 months		
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Refund Calculations: (description of how refunds are calculated below)

.....

Outline action taken and outcome

.....

Refund (please ✓): Paid Not Paid Date Paid/...../.....

Recommended and assessed by Accounts Department (please✓): [] Yes [] No

Account Department Signature:

..... Date...../...../.....

Authorised by CEO (please✓): [] Yes [] No

CEO Signature:

..... Date...../...../.....

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