

	KE	FUND APPL	ICATION FORM
Given Name:			
Family Name:			
Student ID			
Address:			
Suburb:		Country:	
Post Code:		Email Address:	
Course Name:			
Course Code:			
Course Start Date:			
Agent Name and contact details			
(if applicable)		ofund application	
Please state your rease (Attach additional papers if			•
Date of payment made			
Amount of payment made			
Method of payment made			
Banking details	vour	Swift Code:	
(Please write the details of your account in which you want your refunds to be transferred) *Please note that if you choose to nominate your Agent's bank details for refund, ETEA will not be responsible for any follow up with the agent.		Name of Account:	
		BSB Number:	
		Account Number:	
		Name of Bank:	
		Branch Address:	
			rect and I understand that if I have nominated my nsible for any further claims.
Student Signature:			Date:

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

Name Refund application form Company name ETEA Issued: Dec 2019 Document Name Ver 3.0 CRICOS # 02925E Authorised by QMC RTO # 5089 Review: 24 months Page 1 of 2

©Education Training & Employment Australia Pty Ltd ABN: 62085390692

Office Use Only								
Refund Calculations: (description of how refunds are calculated below)								
Outline action taken and outcome								
Refund (please ✓):								
Paid	Date Paid							
Not Paid	Date 1 aid							
Recommended and assessed by Accounts Department (please ✓)	Yes	No						
Account Department Signature:	Date:							
Authorised by CEO (please✓)	Yes	No						
CEO Signature:	Date:							

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

	Document Name	Refund application form	Company name	ETEA	Issued:	Dec 2019	Ver 3.0	
	Authorised by QMC		CRICOS # 02925E	RTO # 5089	Review:	24 months		ı
©Education Training & Employment Australia Pty Ltd ABN: 62085390692						Pa	ge 2 of 2	ı