

	RE	FUND APPL	CATION 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) Please state your reasor	for a r	efund application			
(Attach additional papers if ye					
Date of payment made					
Amount of payment					
made					
Method of payment made					
Banking details (Please write the details of you	nur	Swift Code:			
account in which you want yo		Name of Account:			
refunds to be transferred)		BSB Number:			
*Please note that if you choos to nominate your Agent's ban		Account Number:			
details for refund, ETEA will be responsible for any follow		Name of Bank:			
with the agent.		Branch Address:			
I declare that the bank details provided above are correct and I understand that if I have nominated my Agent's bank details for refund, ETEA will not be responsible for any further claims.					
Student Signature:			Date:		

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	Document Name	Refund application form	Company name	ETEA	Issued:	May 2018	Ver 2.3
Authorised by QMC		CRICOS # 02925E	RTO # 5089	Review:	24 months		
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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:				

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