

REFUND REQUEST FORM

Student's Personal Details:

Full Name

Date of Birth

Course Code & Name

Course Start Date

Contact Number

Email Address

Address:

For most countries the beneficiary address can only be a street address. Other address types, like PO Boxes or Locked Bags, can't be used.

Street Number	<input type="text"/>	Street Name	<input type="text"/>
Unit	<input type="text"/>	Floor/Level	<input type="text"/>
City/Suburb/Town	<input type="text"/>	State/Province/Region	<input type="text"/>
District	<input type="text"/>	Zone/Locality	<input type="text"/>
Postcode	<input type="text"/>		
Department	<input type="text"/>	Sub-Department	<input type="text"/>
Building Name	<input type="text"/>	Post Office Box	<input type="text"/>

Refund Details:

Reason For Refund:

Bank Transfer (Please enter bank account details in which you would like to receive your refund)

Bank Name

Bank Branch

Account Name

BSB

Account Number

Swift Code

Country

Acknowledgement

- I understand that my request for a refund will be processed in accordance with Accord College's Refund Policy.
- I also understand that I shall have 20 working days to access the Complaints and Appeals process, should I not agree with the outcome on decision.

Name **Signature** _____ **Date**

Office Use Only:

Request Received by (name of staff member) _____ **Signature** _____ **Date**

Refund **Approved** **Not Approved** **Email to notify applicant sent on**

Comments

(If Approved) Refund Processed on (Date)

ACCORD
COLLEGE

RTO NO: 45849 | CRICOS CODE: 04019A