



REFUND APPLICATION 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 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) *Please note that if you choose to nominate your Agent's bank details for refund, MITT will not be responsible for any follow up with the agent.	Name of Account:..... BSB Number:..... Account Number:..... Name of Bank:..... Branch Address:..... Swift Code:.....		

I declare that the bank details provided above are correct and I understand that if I have nominated my

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Document Name	Refund Application form	Company name	MITT	Issued:	May 2019	Ver 3
Authorised by QMC	CRICOS # 03529J	RTO # 41577	Review:	24 months		
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Agent's bank details for refund, MITT will not be responsible for any further claims.

Student Signature:

Date:

.....

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

Office Use Only

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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