

**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 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....../....../......