

**REFUND APPLICATION FORM**

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| --- | --- |
| **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:**

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**Office Use Only**

**Refund Calculations:** (description of how refunds are calculated below)

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**Outline action taken and outcome**

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|  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....../....../......