



## Refund Request Form

Title (Miss/Ms/Mr) \_\_\_\_\_ Given Names \_\_\_\_\_

Family Name \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) Gender Male  Female

Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Course Enrolled In \_\_\_\_\_

### Requesting a refund for (please tick one box):

[ ] Tuition fees Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

[ ] Other Fee Please specify details including amount paid: \_\_\_\_\_

Comments: \_\_\_\_\_

Reason for requesting a refund: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Banking details

### INTERNATIONAL BANK (Overseas Bank)

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

IBN (International Banking Number): \_\_\_\_\_

### LOCAL BANK (Bank in Australia)

Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**Please return this form to:** Administration Officer, IIBT, PO Box 819 Victoria Park WA 6100

Thank you for your application for a refund. Your refund application will now be assessed and if approved will be processed. If you require further information, please contact IIBT on (+61) 8 6180 2188

### **OFFICE USE ONLY**

Admission Staff Processing Form: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

Finance office staff processing Form: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments \_\_\_\_\_

### **Approval**

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_