APPLICATION FOR REFUND FORM

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY



PERSONAL DETAILS					
Given Name		Family Name			
Date of Birth		Student ID	Student ID		
Current Address					
Suburb		State			
Postcode		Country			
Phone Number		Personal Email			
REFUND DETAILS					
Total amount requested	AUD \$				
Detailed reason for refund					
Attached supporting documentat	tion				
1.					
2.					
3.					
4.					
5.					
Refund payment is to be made to	□ the student □ an	other person (Must be i	indicated on the Letter of Offer)		
BANK DETAILS FOR REFUND					
Bank name					
Account name			BSB number		
Account number			SWIFT code		
Branch address					
STUDENT DECLARATION					
			npleted this form in accordance with equest is true, accurate and complete.		
Applicant's Full Name					
Signature		Date			
Page 1 of 2 Application for Refund For Lage 1 of 2 Application for Refund For L8, 540 George Street, Sydney, NSW 2			ational Institute of Higher Education is the bu		
U2/3, 15 Anderson Street, Sydney, NSW 2 U2/3, 15 Anderson Street, Fortitude V Ph 1300 692 444 <u>info@aiihe.edu.au</u>	alley, Qld 4006 +61 07 3667 9	512	ne Queensland Institute of Higher Education ABN: 86 633 7 ider ID: PRV14340 CRICOS Provider Code: 0	47 40	

TEQSA Provider ID: PRV14340 | CRICOS Provider Code: 04013G

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AGENT DECLARATION (to be completed by the AIIHE representative)					
The applicant has received the information stated on the refund policy and procedure					
I confirm that I have briefed the applicant and the applicant's parents (if the applicant is under 18) on the Terms and Conditions relating to the Institute's Refund Policy and Procedure and that I have provided the applicant with relevant information on AIIHE and the course consistent with the requirements of the ESOS Act 2000 and the National Code 2018.					
Agency Name					
Agent's Full Name					
Signature:	Date DD / MM / YYYY				
	Agency Stamp				

Office Use Only (to be completed by the AlIHE staff)						
Refund Reference Number						
Received on	DD / MM / YYYY	Acknowledged on:	DD / MM / YYYY			
Responsible officer						
Interview or further information requested	□ Yes □ No	If yes, when:	DD / MM / YYYY			
Outcome of review						
Written response provided to the student on						
Refund payment made on:						