

REFUND REQUEST FORM

Please return this form to reception

- in person,
- Email admin@dnakingston.com.au
- Fax 08 9479 4880

Student Details			
Student Name:		Student ID:	
Address:			
DOB:		Phone:	
Course:			

Amount to be refunded:	AUD\$
Reason for Refund Request:	

Direct Deposit – Bank Details:

Account Name:		BSB:		Account Number:	
Bank Name:			Bank Address:		
SWIFT Code/IFSC:			IBAN:		

Student Declaration:

I confirm I have read and understood the Refund Policy and wish to apply for a refund in the full knowledge that if I do not pay the tuition fees for further enrolments and all future study periods by the deadline(s) indicated by the College then the College may not allow me to enroll, **AND** I may be charged a late enrolment fee, **AND** I may not be allowed to enter into a payment agreement.

Students Signature:		Date:	
---------------------	--	-------	--

COLLEGE OFFICE USE ONLY (this section)

Finance Department	Received by:		Date:	
	Agent name:		Commission Recoup <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
	Transaction No:			

Fees Reconciliation and Calculation			
Signed/Authorised		Date:	

Z:\OfficeTemplates\Accounts\Refund Forms\Refund Form 2016