

REFUND REQUEST FORM

Please complete both pages on this form.

STUDENT DETAIL	LS				
Student Name:			9	Student ID:	
DOB:			ſ	Mobile No:	
Email:					
REFUND DETAILS	S				
Course Name:					
Reason for Refur	nd:				
Authority for thi	rd par	ty to receive payment:	□ Y	′es 🗆 No	
Name of third pa	arty:				
DIRECT DEPOSIT	- AU	STRALIAN BANK DETAILS	S		
Account Name:				BSB:	
Bank Name:				Account No:	
Please note that	the <u>m</u>	ERNATIONAL BANK DET <u>inimum</u> amount for inter Australian bank details al	rnati	ional transfers	s are AUD500. If the amount is
Account Name:				Bank Name:	
Account No/IBAI	N:			Bank Branch:	
SWIFT/BIC Code:	:			Country:	
Bank Address: (P.O. box addres are <u>not</u> accepted					
Overseas Addr of account holde (P.O. box addres are <u>not</u> accepted	er: ses				

* International payments are processed via our bank account and may take up to 10 business days to be received. Please contact us if you have not received your refund within this timeframe.

DNA Kingston Training

CREDIT CARD (if original payment was made with this credit card)																	
Name on Card:																	
Card No:														CSV:			
Expiry Date:				Type of card:			□ Mastercard □ Visa										

* Original payments made by Credit Card will be refunded to the original card the payment was made from. Please ensure you add the same credit card details here.

Student Declaration:

I confirm I have read and understood DNA Kingston Training Cancellation and Refund Policy.

I understand that DNA Kingston Training will not transfer any funds to a third party unless I explicitly request it in writing, in which case DNA Kingston Training will be released of any responsibility in relation to the refund, once the funds have been transferred as requested.

Student Name		
Students Signature:	Date:	

Please return this form to Reception or email <u>admin@dnakingstontraining.edu.au</u>.

COLLEGE OFFICE USE ONLY - Finance Department (this section)

Received by:	Date:	
Agent Name:		