

Refund Request Form				Refund No.
Section 1 – Student Details				
Client Name:		Date:	/ /	
Client No:		Mobile:		
Email:				
Course title:		Start Date:	/ /	
Section 2 – Refund Details				
I request a refund for the following:				
Invoice Number:				
Amount:	\$			
Reason for refund: (Please attach any supporting documentation)				
<input type="checkbox"/> Visa Refusal <input type="checkbox"/> Cancellation <input type="checkbox"/> Credit Transfer <input type="checkbox"/> Visa Renewal Refusal <input type="checkbox"/> Withdraw <input type="checkbox"/> Deferment <input type="checkbox"/> Visa Breach of Condition <input type="checkbox"/> Transfer <input type="checkbox"/> Others, If others, please specific _____				
Acknowledgement				
I understand that my request for a refund will be processed in accordance with the Pal Education Refund Policy.				
Bank Details of Student				
Swift Code:		BSB Number:		Account Number
Account Name:				
Signature		Date:	/ /	
Section 3 – Authorisation				
Please tick the type of Refund:				
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Cancellation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify)				
This Refund is:				
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> ADJUSTED TO \$				
Units or items to be refunded				
Item or UOC	Name with Code or Item	Amount in AUD \$	Total amount	
Item or UOC				
Item or UOC				
Item or UOC				
Amount received				
Less cancelation fee				
Less application fee				
		Total Amount of Refund		

Refund Method is:				
<input type="checkbox"/> Brank Transfer		<input type="checkbox"/> Credit/Debit Cart		<input type="checkbox"/> Credit to Students Pal Education Ongoing Account
Refund payable to		<input type="checkbox"/> Student <input type="checkbox"/> Agent		
Signed:		Position:		
Print Name:		Date Processed:		
Admin Use Only				
Recorded in XERO:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Recorded by:		Signature:		
Recorded in student file (Powerpro)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Recorded by:		Signature:		
CEO Signature		Date:		