

REFUND REQUEST FORM

STUDENT'S PERSONAL DETAILS:			
Full Name:			
Date of Birth			
Course Name:			
Course Start Date:			
Phone No:		Email:	
Address:			
REFUND DETAILS:			
Reason for Refund (Add extra sheet if you find space is not enough to write reason)			
<p>Note: Please provide the relevant documents as evidence to support your request for refund.</p>			
Bank Transfer (Please enter your bank account details in which you would like to receive your refund)			
Bank Name			
Bank Branch			
Account Name			
BSB			
Account Number			
Swift Code		Country	
ACKNOWLEDGEMENT			
<input type="checkbox"/> I understand that my request for a refund will be processed in accordance with PCA's Refund Policy. <input type="checkbox"/> I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.			
Student Name: _____ Student Signature: _____ Date: _____			
OFFICE USE ONLY			
Request received	Signature		Date
Refund Applicable			
Comments			Date the letter was sent:
Refund processed	Signature		Date