

FORM-P02 REFUND REQUEST FORM

Your Current Enrolment Details

Student Name	
Student ID	
Course Enrolled	
Course Start Date	

Refund Details

I request a refund for the following:

Invoice Number	
Amount	\$
Reason (Please attach any supporting documentation)	

Refund Payment - Bank Details (Australian Bank Account)

Bank Name	
Account Name	
BSB	
Account Number	

Refund Payment - Bank Details (Overseas Bank Account)

Bank Name	
Bank Branch	
Bank Branch Address	
Country	
SWIFT Code	
Account Name	
Account Number	

Student Declaration

I understand that my request for a refund will be processed in accordance with the SEA English Academy's Fees, Charges and Refund Policy. 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.

Signature	
Date	

AUTHORISATION

Please tick the type of Refund:

Withdrawal Transfer Cancellation Others, please specify:

This Refund amount is

Approved Denied Adjusted to \$

Comments / Reason for Decision / Calculation of Refund

Refund Method is

EFT Direct Deposit Credit to Corporate Account

Staff Name		Position	
Signature		Date Processed	

ADMIN USE ONLY

Logged in Refund Request Register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Logged by		Date	
Formal Letter / Email sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Sent by			
Date			