

# APPLICATION FOR REFUND FORM



## Processing Time:

Processing time is up to twenty-eight (28) days on receipt of the completed form and completed documents. Email this form to [accounts@aiwt.edu.au](mailto:accounts@aiwt.edu.au).

Section A – Personal Details								
AIWT Student ID Number	2	0	1	0				
Family Name				Given Name				
Permanent Address				Suburb				
Post code				Country				
Phone No				Email				
Reason for Refund:								
AUD \$ Amount of Refund (Application fee is non-refundable) you are applying for: AUD \$ _____ Please ensure to check with your bank that they accept AUD\$. If the refund is rejected bank fees will be deducted from the refund.								
Section B –Bank Details								
Account Name								
Bank Name								
BSB Number								
Account Number								

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## International Bank Account (provide the following additional Details)

SWIFT Code

Bank Address

Branch Name

## Section C - Third Party authorisation and Details

I nominate a third party that my refund is transferred into his/her account

Name of Third Party

*(Matching ID must be supplied e.g. copy of Passport)*

Relationship to the Third-Party

Email of Third-Party

Phone No of the Third-Party

## Section E - Student Declaration

- I have read and understood AIWT's Fees, Charges and Refund Policy and understand how the refund has been calculated.
- I understand that if I do not agree with the refund, I have the right to appeal the decision in writing.
- I understand that if I have nominated a Third Party in this form that the money will be paid into the Third-Party bank account.
- I understand that this application can take up to 28 days to be fully processed
- I am over 18 years of age - Please circle Yes/ No
- If I am under 18 years of age, my legal guardian must sign this declaration form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I declare that the information provided by me is true and complete.*

*I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**  
Assessment of Application

Date of application submission:		Processing officer:
Has refund been approved? If rejected, what are reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Processing officer:
Can a refund of the Agents commission be claimed? If no, what are the reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Processing officer:
Does OSHC need to be cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Processing officer:

Fees: \_\_\_\_\_

Resource Fee: \_\_\_\_\_

OSHC: \_\_\_\_\_

Admin Fee (5%) Less: \_\_\_\_\_

Refund payable: \_\_\_\_\_

**Management Approval**

Name	
Date	
Signature	

**Refund Processed**

Has refund been processed and paid? Attach copy of Bank Transfer and upload with this form to SMS.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Processing officer:	Date:
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