

APPLICATION FOR REFUND FORM



Processing Time:

Processing time is up to twenty-eight (28) days on receipt of this form.

Email this form to 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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