INSTITUTE OF MANAGEMENT AND TRADE
RTO No: 45905 Cricos Provider no: 04052M

REFUND REQUEST FORM

Student Name:	
Student ID:	
Phone:	
Email:	
Course Name:	
Course Start Date:	
Enrolment Date	

Reason for Refund Request			
Consultation Details			
Refund Approval:	YES	NO	PARTIAL
Conditions of Refund: Refund processing within 20 working days of the application and evidence of documentation received.			
Student Refund Conditions Accepted:			
Student Signature:			Date:
Preferred Method of Receiving Refund			
Direct Debit in Australia			
Bank Name:			
Account Name:			
BSB			

Account number
Direct Transfer Outside Australia
Beneficiary Name
Bank Name
Country
Swift Code
Account Number
Bank Details confirmed by Student: **Student Signature:**
Approved by:
CEO or Finance Manager Signature:
Date Approved:
Refund Processed Date: