



REFUND APPLICATION FORM

| | | | |
|--|---|-----------------------|--|
| Given Name: | | | |
| Family Name: | | | |
| Student ID | | | |
| Address: | | | |
| Suburb: | | Country: | |
| Post Code: | | Email Address: | |
| Course Name: | | | |
| Course Code: | | | |
| Course Start Date: | | | |
| Agent Name and contact details (if applicable) | | | |
| Please state your reason for a refund application: (Attach additional papers if you need more writing space) | | | |
| | | | |
| Date of payment made | | | |
| Amount of payment made | | | |
| Method of payment made | | | |
| Banking details (Please write the details of your account in which you want your refunds to be transferred) *Please note that if you choose to nominate your Agent's bank details for refund, MITT will not be responsible for any follow up with the agent. | Name of Account:..... BSB Number:..... Account Number:..... Name of Bank:..... Branch Address:..... Swift Code:..... | | |

I declare that the bank details provided above are correct and I understand that if I have nominated my Agent's bank details for refund, MITT will not be responsible for any further claims.

Student Signature:

Date:

.....

...../...../.....

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|--|-------------------------|--------------|---------|-----------|-------------|-------|
| Document Name | Refund Application form | Company name | MITT | Issued: | July 2018 | Ver 2 |
| Authorised by QMC | CRICOS # 03529J | RTO # 41577 | Review: | 24 months | | |
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Refund Calculations: (description of how refunds are calculated below)

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Outline action taken and outcome

.....

Refund (please ✓): Paid Not Paid Date Paid/...../.....

Recommended and assessed by Accounts Department (please✓): [] Yes [] No

Account Department Signature:

..... Date...../...../.....

Authorised by CEO (please✓): [] Yes [] No

CEO Signature:

..... Date...../...../.....

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