



STUDENT DETAILS

Family Name _____ First Name _____

Date of birth ____ / ____ / ____ Student ID _____

Course(s) Enrolled _____

Course Start Date ____ / ____ / ____

REASON FOR REFUND: tick applicable box & attach required documentation

- Visa refused (attach documentary evidence from Department of Home Affairs)
- I am changing education providers (*copy of new Letter of Offer must be attached*)
- Withdrawing from course due to compassionate or compelling circumstances
- Other (please state) _____

Refund Payment Details: please choose from one of the following refund options and ensure that all details are correct and clearly printed.

Note: If the original payment was made via Credit Card then refund must be credited back to the same Credit Card used to make the payment.

CREDIT CARD - to be used if fees were paid by credit card

Card Type: Visa MasterCard Amex

Cardholder's Name: _____

Credit Card Number: _____ Expiry Date ____ / ____



Payment into a bank account - to be used if fees were paid by a bank draft or electronic transfer

Electronic Funds Transfer (EFT) - Australian Bank Account

Bank Name: _____

Bank Branch: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Telegraphic Transfer (TT) – Overseas Bank Account

Note: Refunds are normally made in the currency of your country of permanent residency. Choice Business College is not liable for any bank charges or variance from foreign exchange rate fluctuations.

Bank Name: _____

Bank Address: _____

Swift Code: _____ IFSC / IBAN Code: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Please ensure that you have read and understood the Choice Business College full refund policy before signing the declaration below:

Student Declaration: I hereby apply for a refund of fees paid and acknowledge that this refund will be processed in accordance with the Choice Business College Refund for International Students Procedure.

I have read and understood the Choice Business College Complaints and Appeals policy and procedure.

I declare that the information provided on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my refund application.

Signature of Student: _____ Date: ____ / ____ / _____

Office Use only:

Date Processed: ____ / ____ / _____

Officer Name and Signature: _____

AMOUNT PAID BY STUDENT _____

Refund paid and date ____ / ____ / _____

AMOUNT ELIGIBLE FOR REFUND _____

Refund not paid

Comments: