

14 Refund Application Form

Please Note: Applications for refunds may take up to 5 working days to be processed.

Course Name: _____
Course Code: _____
Course Start Date: _____
Trainer/ s: _____
Learner Name: _____
Or Company Name: _____
Address: _____
State: _____ **Postcode:** _____
Phone: _____ **Fax:** _____

Reason for refund application:

If another party is to receive the refund money please indicate who that is:

Name _____
Address: _____
State: _____ **Postcode:** _____
Country: _____
Signature: _____ **Date:** _____

Office Use Only: Outline action taken and outcome.

Refund (please ✓): Paid Not Paid Date Paid _____

Principal Signature: _____ Date: _____