



REQUEST FOR REFUND FORM

Student Name:		Student ID Number:	
Address:			
Email:		Telephone/ mobile:	
Course:			
Request Details:			
<input type="checkbox"/> Tuition Fee	<input type="checkbox"/> OSHC	<input type="checkbox"/> Materials Fee	<input type="checkbox"/> Others (Please Specify) _____
Account Name:		_____	
Bank Name	_____	Address:	_____
BSB No:	_____	Account No:	_____ Swift Code: _____
If the transfer is based on Nepalese Bank, please fill this intermediary bank details which is necessary for transfer of funds (Mandatory)			
Bank Name	_____		
Bank Address	_____	Bank Swift Code:	_____
Reason for Refunds:			
Evidence assessed to support decision: <input type="checkbox"/> Medical <input type="checkbox"/> Letters <input type="checkbox"/> Others (Please Specify) _____			
Details:			
I declare that the information provided by me is correct and complete and I am aware that my refund application will be assessed according to the refund policy in the terms and conditions of enrolment. I authorize AHIC to transfer my refund to the account indicated above.			
_____		_____/_____/_____	
<i>Student's Signature</i>		<i>Date</i>	
Notes:			
1. For cancellation or withdrawal, a request for course withdrawal, cancellation form must be completed and attached as required.			
2. Approved refunds will be paid either by direct deposit or by telegraphic transfer to the nominated account within 14 days of receiving refund application.			
3. All refunds incur a \$250 administration fee except where it is specifically stated.			
4. Bank charges will be deducted from the total refundable amount.			

For Office Use Only

Date received			Letter sent	Payment made (date) (cheque/EFT)	
Fees paid to date	\$	Enrolment fee (non-refundable)	\$	Course /monthly fees	\$
Fees paid in advance to date	\$	Less admin fee	\$	Final refund amount	\$

Verified by Accounts Officer/PEO

APPROVED /NOT APPROVED

Date:

Name:

Signature:

ADM_08 Request for refund form v3