

Refund Application Form

Please read this information before filling in your application for a refund.

- The Management Committee at Shafston will assess your application for a refund.
- If your refund application is denied you will be notified in writing and your funds will be held in credit for up to 12 months for you to return to study.
- Refunds will take at least 4 weeks to be processed. Insufficient or incorrect bank details will delay this processing time.
- Please ensure you attach supporting documentation for your Refund Application to be assessed.
- Failure to supply sufficient supporting documentation will delay the application process.

Student ID Number:
Name: Last name:
Course start date: Course finish date:
Current address:
Mobile phone number: Email Address:
I would like you to consider my application for a refund for:
 Tuition Fees Learning Material Accommodation Fees Examination Fee Other: (Please Specify) The reason why I wish to have a refund are:
Details of the refund process is clarified in the written agreement that was signed upon enrolment
Please visit www.shafston.edu to review the written agreement and Terms and Conditions of Refunds, Deferrals or Transfers
Student Signiture:
Data



(Please tick the box)

If my refund is approved, I would like to receive the fees:

In Cash (If amount is under AUD\$200 Only)

By cheque (to be deposited in my Australian bank account)

Credit Note (Valid for 12 months)

•	By local bank transfer into	my Australian bank account	
		uld match that of the Student or the Bank Account that the payment was received s may be delayed in verifying the bank account details provided.	
	ct or insufficient data will mempleted, clearly.	ean that transfer cannot be processed so to avoid delays, please ensure this form is	
	Bank Name		
	Bank Account		
	Account Name		
	Account Number		
	BSB Number		
• Bank ad	By international bank transfer into my Overseas bank account Bank account details provided should match that of the Student or the Bank Account that the payment was received		
		s may be delayed in verifying the bank account details provided.	
	ct or insufficient data will mompleted, clearly.	ean that transfer cannot be processed so to avoid delays, please ensure this form is	
	iciary Name or Agent)		
Beneficiary Address			
	City		
	Post Code		
	Country		
Beneficiary Bank Account Name (Name the account is in)			
Accou	ınt Number		
	Number pean country's only)		
Bank Code (Swift or BIC)			



Beneficiary Bank Name		
Beneficiary Bank Bank Address		
City		
Post Code		
Country		
Intermediary Bank Account Name (Name the account is in)		
Account Number		
IBAN Number (for European country's only)		
Bank Code (Swift or BIC)		
Intermidiary Bank (if any) Bank Name		
Bank Address		
City		
Post Code		
Country		
Student Acknowledgment: I advise that the above details provided are the correct bank account for the refund of my fees paid to Shafston.		
Student Signature:	Date:	