## Accommodation **Refund Form**



### You should use this form:

To cancel your accommodation booking prior to the original check-out date.

#### **Local Bank Transfer Information:**

If the student is staying in Australia after leaving their accommodation they can elect to have their refund deposited into an Australian Bank Account which is held in their name. Please complete Local Bank Details section of this form.

#### **International Bank Transfer Information:**

International Bank details provided on this form must match that of the Student or the Bank Account that the payment was received from. If the information is dierent, the refund process will be delayed.

The Bene ciary is the person who will be receiving the refund – this must be the same person who made the original payment. **Please note:** this could be your agent, your parent or a relative etc.

We suggest you take this form to your bank or nancial institution as they can help you to complete it correctly.

It usually takes 2-5 business days (from processing date) for an international transfer to reach accounts overseas, however, it could take longer depending on the recipient's country and bank.

**Please note:** Due to exchange rate variations and bank fees, there may be a di erence between the amount refunded by Shafston and amount received to your bank account.

The Intermediary Bank Details section is only required when intermediary Banks are involved in the international transfer process – you must ask your bank or financial institution for this information.

### How to apply for a homestay early check-out and refund:

- Complete all relevant sections of this form.
- Attch all relevant supporting documentation (if applicable) Submit your form to the desk of student service centre.

### How to request a bond of Shafston Apartment On Site

- Complete all relevant sections of this form.
- Submit your form to the desk of student service centre.

# Accommodation Refund Form



Student's Personal D	etails							
Family Name:					Request Date	:		
Given Name:					Gender:	Male	Female	Other
Student ID No:					Date of Birth:			
Email Address:					Mobile No.:			
Address:								
Homestay Check-ir	and Check-ou	ut Details						
Check-in Date:				Check-	out Date:			
New Check-out Da	. Ө.			OHOUR C	301 2 410.			
Please note that you a		rovide the re	elevant notic	e period. Se	ee notice periods	section b	elow.	
				Pollocing				
Notice Periods of a	nomestay early	check-ou	t					
14 days' notice pro	vided □ Yes	□No						
Please Note: Refunds of from the date of Shafs						first place	e and withir	n 28 days
Shafston Apartment	On Site Check-	in and Ch	eck-out De	tails				
Check-in Date:		*		Check-o	out Date:			
Check-out inspection	on completed w	vith Shafsto	n property	manager	□Yes	□No		
Please Note: Bond will the date of Shafston re			ty that paid t	he fees to S	Shafston in the firs	st place a	nd within 28	3 days fror
La a el Danda Tunnafau	Dataila (massat mi		nunct of me		المسلمين المسلمان	aus Davalsa	Only	
Local Bank Transfer	Details (must at	racn Initial	proor or po	lyment aa	IVICE) - AUSTRAII	an Banks	Only	
Bank Name:								
Account Name:								
BSB No.:				Accour	nt No.:			
Credit Card Transfe	Details (must a	ıttach initia	l proof of p	ayment a	dvice)			
Card Holder Name:								
Card Number:								
Expiry Date:				CVV:				
Card Holder Signature	:			Date:				
Please Note: digital sign address. The email add								

database. If the email address does not match, the student will be required to print this form and physically sign it before

submitting it to Shafston.

# Accommodation Refund Form



International Bank Transfe	r Details (must attach initia	I proof of payment advice)
Beneficiary Details		
Beneficiary Account Nam Must match the account name details of ir Please attach initial proof of payment advi	nitial payment to Shafston.	
Beneficiary Address This is the address of the account holder		
Beneficiary City, Country This is the address of the account holder	& Zip Code	
Account or IBAN Number (IBAN is for European countries only)		Bank Code (Swift or BIC)
Name of Bank		
Address of Bank		
Country of Bank		City & Zip/Post Code of Bank
Intermediary Bank Details		
This section only applies when intermediary	Banks are involved in the international transfe	er process – you must ask your bank or financial institution for this information.
Account Name	* *	
Account or IBAN Number (IBAN is for European countries only)	*	Bank Code (Swift or BIC)
Name of Bank	4	
Address of Bank	TOTAL E	T DOCTO
Country of Bank	AMIGITIA	City & Zip/Post Code of Bank
Student Declaration		
I have read and understood website (www.shafston.edu)	Shafston's Written Agreement	– Terms and Conditions of Enrolment available on Shafston's
I understand that it may take submitted. Any eligible refun	up to ten working days to pro d will be paid out within 28 day	ocess my request; provided all relevant documents have been ys of receiving this application and all relevant documentation.
I acknowledge that the infor	mation I have provided is true	and correct.
I understand that a \$100 Adr any refund that I am eligible		homstay early-check out request and this will be deducted from
damaging the premises/inve	entories, breaching these terms	n Apartment On Site and any cost by losing inventories, and conditions, or owes money to the college in relation to ad that I am eligible to receive.
Student Signature:		Date:
_	will only be accepted if this fa	rm is emailed to Shafston directly from the student's email

address. The email address (this form is received from) must match the student email address registered on Shafston's database. If the email address does not match, the student will be required to print this form and physically sign it before

This document is uncontrolled when printed

submitting it to Shafston.

# Accommodation Refund Form



Please submit your completed application to Shafston's Student Admissions Department:

Click To Email	In Person
E-mail	BRISBANE Student Services Department 46 Thorn Street Kangaroo Point 4169
Enquiries: students@shafston.edu	

Office Use Only	
Requested received by:	Staff Signature:
Received Date:	
Comment:	
Requested approved by:	Staff Signature:
Approved Date:	