Refund Application Form



Student Name:				
Student ID:		Date of Birth		
Course Name:				
Start Date:				
Student Declaration				
I have read and unde	rstood Skills Australia Institute R	efund and Cance	llation P	olicy.
	details about how my Refund /e the right to appeal the calcula		ated and	agree to the refund calculated. I
in writing, in which o				d party unless I explicitly request it ponsibility in relation to the refund,
Name:	Signature:		Date:	
Account Name:				
Account Number:				
BSB Number:				
Bank Name:				
	International Bank Account	please provide the fo	ollowing a	dditional details)
Branch Name:				
SWIFT Code:				
IFSC Code:				
Bank Address:	SS: Street Name and number			City
	Postcode		State	
	Intermedia	ry Bank (if applica	ble)	
Branch Name:				
SWIFT Code:				
Bank Address:	Street Name and number			City
	Postcode		State	
Currency which bank is accepting:				

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