

Refund Application Form



Student Name:			
Student ID:		Date of Birth	
Course Name:			
Start Date:			
Student Declaration <p>I have read and understood Skills Australia Institute Refund and Cancellation Policy.</p> <p>I have received the details about how my Refund has been calculated and agree to the refund calculated. I understand that I have the right to appeal the calculated amount.</p> <p>I understand that Skills Australia Institute will not transfer any funds to a third party unless I explicitly request it in writing, in which case Skills Australia Institute shall be released of any responsibility in relation to the refund, once the funds have been transferred as requested.</p> <p>Name: _____ Signature: _____ Date: _____</p>			
Account Name:			
Account Number:			
BSB Number:			
Bank Name:			
International Bank Account (please provide the following additional details)			
Branch Name:			
SWIFT Code:			
IFSC Code:			
Bank Address:	Street Name and number		City
	Postcode	State	
Intermediary Bank (if applicable)			
Branch Name:			
SWIFT Code:			
Bank Address:	Street Name and number		City
	Postcode	State	
Currency which bank is accepting:			