



Refund Request Form

Title (Miss/Ms/Mr) _____ Given Names _____

Family Name _____ Student ID: _____

Date of Application ____ / ____ / ____ (DD/MM/YYYY)

Date of Birth ____ / ____ / ____ (DD/MM/YYYY) Gender Male Female

Address _____

Contact Number _____ Email Address _____

Course Enrolled In _____

Requesting a refund for (please tick one box):

[] Tuition fees Date Paid: _____ Amount Paid: _____

[] Other Fee Please specify details including amount paid: _____

Comments: _____



Reason for requesting a refund: _____

Signature: _____

Date: _____

Banking details

INTERNATIONAL BANK (Overseas Bank)

Account Name: _____

Account Number: _____

Swift Code: _____

Bank Name: _____

Bank Address: _____

IBN (International Banking Number): _____

LOCAL BANK (Bank in Australia)

Account Name: _____

BSB Number: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

Please return this form to: Administration Officer, IIBT, PO Box 819 Victoria Park WA 6100
Thank you for your application for a refund. Your refund application will now be assessed and if approved will be processed. If you require further information, please contact IIBT on (+61) 8 6180 2188



OFFICE USE ONLY

Admission Manager Signature: _____ Date Received: _____

Comments: _____

Approval

Operations Manager Signature: _____ Date: _____

COO/PEO Signature: _____ Date: _____

Account officer signature confirming refund process completed: _____

Date Processed: _____

Comments _____