



## REFUND REQUEST FORM

### Student's Personal Details:

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Course Code & Name	<input type="text"/>
Course Start Date	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

### Address:

For most countries the beneficiary address can only be a street address. Other address types, like PO Boxes or Locked Bags, can't be used.

Street Number	<input type="text"/>	Street Name	<input type="text"/>
Unit	<input type="text"/>	Floor/Level	<input type="text"/>
City/Suburb/Town	<input type="text"/>	State/Province/Region	<input type="text"/>
District	<input type="text"/>	Zone/Locality	<input type="text"/>
Postcode	<input type="text"/>		
Department	<input type="text"/>	Sub-Department	<input type="text"/>
Building Name	<input type="text"/>	Post Office Box	<input type="text"/>

### Refund Details:

Reason For Refund:

### Bank Transfer (Please enter bank account details in which you would like to receive your refund)

Bank Name	<input type="text"/>
Bank Branch	<input type="text"/>
Account Name	<input type="text"/>
BSB	<input type="text"/>
Account Number	<input type="text"/>
Swift Code	<input type="text"/>
Country	<input type="text"/>





## Acknowledgement

- ☐ I understand that my request for a refund will be processed in accordance with Riverdale Institute's Refund Policy.
- ☐ I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome on decision.

Name  Signature  Date

## Office Use Only:

Request Received Signature  Date

Refund Applicable Signature  Date the letter was sent:

Comments

Refund Processed  Date

# RIVERDALE INSTITUTE

RTO NO: 45754 | CRICOS CODE: 03949M