



RIVERDALE INSTITUTE

📍 Suite 19, 2-14 Station Place, Werribee, VIC 3030
🌐 <https://www.riverdaleinstitute.edu.au>
☎ 1800-902-480
RTO NO: 45754 | CRICOS Provider Code: 03949M



REFUND REQUEST FORM

STUDENT'S PERSONAL DETAILS:

FULL NAME	
DATE OF BIRTH	
COURSE CODE & NAME	
COURSE START DATE	
ADDRESS	
PHONE NO.	
EMAIL	

REFUND DETAILS:

REASON FOR REFUND:

NOTE: PLEASE PROVIDE THE RELEVANT DOCUMENTS AS EVIDENCE TO SUPPORT YOUR REQUEST FOR REFUND.

BANK TRANSFER (PLEASE ENTER BANK ACCOUNT DETAILS IN WHICH YOU WOULD LIKE TO RECEIVE YOUR REFUND)

BANK NAME	
BANK BRANCH	
ACCOUNT NAME	
BSB	
ACCOUNT NUMBER	
SWIFT CODE	
COUNTRY	

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	
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OFFICE USE ONLY:

REQUEST RECEIVED	SIGNATURE		DATE	
REFUND APPLICABLE				
COMMENTS		DATE THE LETTER WAS SENT:		
REFUND PROCESSED	SIGNATURE		DATE	