



Refund Request Form

Personal Details			
Student Name:			
Date of Birth:		Contact No:	
Address:			
Email address:			
Course Details			
Proposed Course Offered/Enrolled:			
Proposed Course intake/Commencement Date:			
Amount Paid:		Date of Payment:	
Reason of Refund (Please attach the Supporting Documents)			
Bank Details (if this account is of Third Party than please provide the authorization Letter from Student)			
If account is not in your name, relationship to account holder (e.g. father, uncle):			
Account holder details			
Account holder name:			
Date of Birth:		Contact Number:	
Address:			
Identification Type (e.g. passport):		Identification Number:	
Bank Code (BSB/IFSC):		A/C number:	
Swift Code:		Type of Account (e.g. Savings)	
Bank Name:			
Bank Address:			
Student Signature & Date:			
Received by		Forwarded to	
Signature:		Date:	
Office use Only			
Refund Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount to be Refunded	\$
Authority Signature		Date:	

Please send completed Refund Request Form to accounts@ssc.edu.au