

Application for refund

Client details			
Given Name		Family Name	
Date of Birth DD/MM/YYYY		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Company name if applicable			
Please provide <input type="checkbox"/> Personal postal details		<input type="checkbox"/> Company postal details	
Postal Address			
Suburb		Postcode	
Home Phone		Mobile	
Email			
Qualification enrolled in		Course dates	
Refund application details			
Date refund application submitted			
Reason you are seeking refund (refer to refund policy to confirm refund eligibility):			
Preferred refund method			
<ul style="list-style-type: none"> Cheque (will be posted to address as listed above) 			<input type="checkbox"/>
<ul style="list-style-type: none"> Credit card (if original payment was made by credit card refund payment must go to same credit card). Maximum refund \$1000. Credit card number: _____ Exp date: _____ Name on card: _____			<input type="checkbox"/>
<ul style="list-style-type: none"> Bank transfer BSB: _____ Account number: _____ Account name: _____			<input type="checkbox"/>
Client signature			
Please forward this form together with written notice of course withdrawal, copies of all relevant payment receipts and copies of any evidence to support refund claim (for example, a medical certificate) to: Post: Master Plumbers, 6/306 Albert Street Brunswick VIC 3056 email: training@plumber.com.au Fax: 03 9356 8929			

Administration use only			
Evidence verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Refund request approved	Name: _____	Signature: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments including client ID#			
Amount to be refunded	\$ _____		
Authorised by	Date: _____		
Client notified of outcome by	Name: _____	Signature: _____	Date _____