



## REFUND REQUEST FORM

STUDENT DETAILS	
Student ID:	Mobile:
First Name:	Last Name:
Email:	
Address:	

REASON FOR REFUND
<b>Reason for Refund:</b>
_____
_____
_____
_____
_____

Declaration	
I understand that Any refunds are subject to the offer terms and conditions and the Kingsway Institute Refund Policy and Procedure. I have read and understood Kingsway Institute's Refund Policy and Procedure and agree to be bound by it. I understand that refunds may take up to 28 working days from the submission of this form. Any inaccurate information provided by me may delay the refund process.	
<b>Student Signature:</b>	<b>Date:</b>

BANK DETAILS	
<b>Bank Name:</b>	<b>SWIFT Code:</b>
<b>Branch Address:</b>	<b>IBAN #:</b>
ACCOUNTS DETAILS*	
The nominated account must be one of the following: <input type="checkbox"/> Students' account <input type="checkbox"/> Agency account <input type="checkbox"/> Account that payment was initially made from (for card payments)	
<b>Account Name:</b>	
<b>Account BSB No:</b>	<b>Account No:</b>
<b>Account Holder Address:</b>	

\*Please note that international money transfers (IMT) may incur a \$25 fee which the client will incur.

OFFICE USE ONLY	
Date Received:	Email Sent: <input type="checkbox"/> Yes
Reason: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	eBECAS updated: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Signature: _____ Date: _____