



Refund Application Form

STUDENT INFORMATION

Student ID:	Title (Mr., Mrs., Ms.):
Last name:	Given name:
Student address:	
Date of birth (dd/mm/yy): ____ / ____ / ____ Mobile number:	
E-mail address:	

REFUND REQUEST

Within Australia Bank Details

Name of Bank:	BSB:
Account holder's name:	Account number:
Account number:	

Outside Australia Bank Details

SWIFT code:	IFSC code:	Account number:
Account holder's name*:	Bank name:	
Bank address:		
Country:	Postcode:	

**If the account holder's name is different from student's name, documents to support the relationship must be provided.*

Reason for refund:

*Note: This application must be supported by additional documents that can be verified.
For more information on refund policies, please refer to our website: www.queensford.edu.au*

Student signature: Date: (dd/mm/yy) ____ / ____ / ____

OFFICE USE ONLY

Date of refund application received: ____ / ____ / ____	Name of Bank received at:
Date of amount received: ____ / ____ / ____	Account holder's name received from:
Date of refund processed: ____ / ____ / ____	Name of Bank refunded from:
Refund amount: \$	Method of refund:
Processed by:	Approved by:
Signature:	

PRISMS RECORDING

Date recorded on PRISMS^: ____ / ____ / ____

^Should be within 7days of the refund being proceed

Recorded by (Staff Name): _____

Staff Signature: _____

BRISBANE (Head Office)
Level 2, 359 Queen Street
Brisbane QLD 4000 Australia
+61 7 3221 1626
info@queensford.edu.au

ADELAIDE
Level 11, 90 King William Street
Adelaide SA 5000 Australia
+61 8 8410 4605
sa@queensford.edu.au

FITZWILLIAM STREET - PARRAMATTA
Level 3, 1 Fitzwilliam Street
Parramatta NSW 2150 Australia
+61 2 8660 0040
info@queensford.edu.au

WENTWORTH STREET - PARRAMATTA
Level 5, 9 Wentworth Street
Parramatta NSW 2150 Australia
+61 2 8660 0040
info@queensford.edu.au