



REQUEST FOR REFUND

APPLICANTS DETAILS:

Applicants' Name: _____

Current Address: _____

Contact Number: _____ Email Address: _____

REFUND DETAILS:

Course code _____

Course title _____

Amount requested _____

REASON FOR REFUND:

Course cancellation Claiming discount

Medical reason Overpayment of fees

CONDITIONS OF REFUND:

- Refunds are processed and payable within 14 days
- Approved Requests for Refund will only be paid into the account from which the original payment was made
- Refunds are only payable to the original Payee
- Request for Refund forms to be submitted to the General Manager, Ilse Taumberger in person or email to info@sbdi.edu.au
- Medical certificates are required where a Request for Refund is based on medical conditions
- Documentation is required to support a Request for Refund.
- Refunds are approved at the discrepancy of the General Manager and not all requests are approved
- If you disagree with this decision you may apply in writing to have your dispute heard by the General Manager and an independent witness

APPLICANTS DECLARATION:

I, _____ declare the information to be correct, I have thoroughly read and understood Sydney Business & development institute refund policy.

Applicants signature _____ **Date:** / / 2019

Note: all Requests for Refund will be processed according to the Refund Policy

REFUND PAYMENT DETAILS:

Bank BSB: _____ Account Number: _____

Visa MasterCard

Security code (CCV)

Expiry Date: / Month/Year

Card Holders Name: _____

Card Holders Signature: _____

OFFICE USE ONLY:

Refund granted: **Refund not granted:**

Comments: _____

Refund amount: AUD \$

Administration fee: AUD \$

Total: AUD \$

Authorising Signature:

Print Name: _____ **Position:** _____

Signature: _____ **Date:** / / 2019