



IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE Phone: +61 7 5552 0900
13 Benowa Road Southport
Postal: PO Box 4931, Bundall, Qld 4217 E-mail: info@imagineeducation.com.au
ABN: 27 620 585 615

REFUND APPLICATION

STUDENT NAME: _____ D.O.B.: _____

ADDRESS: _____

EMAIL: _____

(Acknowledgement will be sent to this email address)

IS THE STUDENT SVP? Yes / No (Please Circle) STUDENT NUMBER: _____

COURSE NAME: _____

AMOUNT PAID: _____ DATE PAID TO: _____

FEES OWING \$ _____ FEES PAID ON FUTURE COURSE/S \$ _____

| | |
|---|--|
| REASON/S FOR REFUND <input type="checkbox"/> Visa Refused <input type="checkbox"/> Enrolment cancelled prior to course commencement <input type="checkbox"/> Failed to commence <input type="checkbox"/> Course cancelled by Imagine Education Australia <input type="checkbox"/> Other | Has this course had a change of start date (please circle)? Y or N If Yes, Original Date: _____ Verified by: _____ |
|---|--|

PAYMENT DETAILS

| | |
|----------------|--|
| SWIFT CODE | |
| BSB / IBAN | |
| ACCOUNT NUMBER | |
| ACCOUNT NAME | |
| BANK NAME | |
| BANK ADDRESS | |

PAYMENT DETAILS - Credit card

| | |
|-------------------------|--|
| Name on credit card | |
| Card number (reference) | |
| VISA/Master/AMEX... | |
| Payment details | |

Declaration

I hereby apply for a refund of fees paid and acknowledge that this refund application will be processed in accordance with Imagine Education Australia Refund Policy, which I have read and understood.
If you are not happy with the College's decision, you can lodge a formal internal appeal with the College Principal. This formal appeal should be in writing. You have twenty (20) working days from the date of this letter to submit a written letter (notice of appeal) to the College Principal.

Signature: _____ Date: _____

IMAGINE EDUCATION....Investing in imaginations

www.imagineeducation.com.au

CRICOS Provider No: 02695C

National Provider Number 31302





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| FOR OFFICE USE ONLY | | | |
|----------------------------------|----------------------|----------------------------|-----|
| Received by: | | Date Received: | / / |
| Sent to Director of Education: | | Date Sent: | / / |
| Approved/Declined by: | | Date: | / / |
| REASON if declined: | | | |
| Student Advised: | | Date Sent: | / / |
| Agent & Account Manager Advised: | | Date Sent: | / / |
| OSHC policy purchased/paid for: | | Date: | / / |
| OSHC policy cancelled: | | Date: | / / |
| Sent to accounts on approval: | | Date Sent: | / / |
| Payment type: | | | |
| Reviewed by Finance Manager | | | / / |
| Total amount paid: AUD\$ | Deductions: AUD\$ | Amount of refund: AUD\$ | |
| Actioned by: | | Date Actioned: | / / |

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