



# Application for Fee Refund

## GENERAL INFORMATION:

This is a request only. All refund requests must be reviewed against the refund policy. You will be contacted if your application is unsuccessful.

Refunds normally take about **20 working days**. Please make sure that all your information below is correct to minimise delays in payment.

### Section A: PERSOANAL INFORMATION

<b>Student ID:</b> _____	
<b>Family Name:</b> _____	<b>Given Name (s):</b> _____
<b>Street Address:</b> _____	
<b>Suburb:</b> _____	
<b>Telephone:</b> _____	<b>Email:</b> _____
<b>Course Code:</b> _____	<b>Course Start Date:</b> _____
<b>Course Title:</b> _____	

### Section B: REASON FOR REFUND

<input type="checkbox"/> <b>Deferring</b>	<input type="checkbox"/> <b>Withdraw</b>
<input type="checkbox"/> <b>Credit Transfer</b>	<input type="checkbox"/> <b>Overpayment</b>
<input type="checkbox"/> <b>Other (please specify):</b> _____	

### Section C: DECLARATION BY STUDENT

I understand that all resource material borrowed from the institute must be returned and all outstanding fees must be paid prior to the issue of refund, I also acknowledge that if I am cancelling/deferring from the course, I will return my Student ID card to the reception. Failure to do so will result in my refund not being processed.

I understand a deduction of \$250 applies to withdrawal from the entire courses. All refunds are subject to the Fees, Payments, and Refund Policy and Procedure.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## Section D: Refund Method- Please select and complete one payment option ONLY

PLEASE TICK, IF YOU WISH THE PAYMENT TO BE MADE TO SOMEONE OTHER THAN YOURSELF,  
PLEASE PROVIDE YOUR PAYMENT DETAILS BELOW

### Option 1: AUSTRALIAN BANKS

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

BSB: \_\_\_\_\_

ACC: \_\_\_\_\_

### Option 2: OVERSEAS BANKS

Beneficiary name: \_\_\_\_\_

Beneficiary address: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account Number: \_\_\_\_\_

SWIFT code: \_\_\_\_\_

Overseas phone  
number: \_\_\_\_\_

Account's currency: \_\_\_\_\_

## Section E: AUTHORITY BY STUDENT

I authorise ANIBT to credit the above account details for the related refund. I accept full responsibility for any error that may occur due to inaccurate or eligible being provided on this form.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Office use only (To be complete by Finance Department)

Amount Paid

\$

\$

\$

Less \$250

Total Refund  
Due

\$

Signature of Authorising: \_\_\_\_\_

Date: \_\_\_\_\_

### Office use only

Refund process by: \_\_\_\_\_

Date of received:           /       /

Payment Generated:       /       /