

## **Refund Application Form**

## **Student details**

Given name/s						
Surname						
Date of birth			Gender	Male	Female	Other
Nationality				Student number		
Address including street number and name, suburb or town, postcode and country						
Postal address (if different)						
Phone number/s						
Email address						
Reason for refund - Ple	ease explain why	you a	re applyi	ng for the refund.		
Amount to be Refunded to Student						
(To be filled by Gills Staff Or	nly)					
I (Student Full Name), above amount to be refu				ank account.	e that that I agr	ee on the
Student Signature:				Date:		

Refund Form, v2.3 Gills College Australia ABN: 44 076 370 824 App Date: 3 Feb 2023 RTO Code: 2407 | CRICOS Code: 01701G Tel: +61 8 6245 2406 Page 1 of 2



## **Bank details**

(These details has to be the same where the payment was initially transferred from, if details are not the same, refund may not be processed)

Bank name			
Country			
BSB or Swift Code			
Account name			
Account number			
Student number			
Address			
Contact Number			
Name			
Signature			
Date			
Office use only			
Application Received by		Date Received	
Application Outcome	Approved	Declined	
Name of the Manager		Date of Decision	
SMS Updated		Date SMS is updated	
Amount Paid by Student (\$)		Amount to be Refunded to Student (\$)	