

## Refund Request Form (Please email the completed form to <a href="mailto:accounts@aic.edu.au">accounts@aic.edu.au</a>)

Student Per	sonal Detail	ls:					
Full name					Offer ref. No. AIC student I		
Date of birth					Mobile		
Email					1	-	
Refund Req	eust:						
Reasons for refund request:						Supporitng	Documents*
Visa Rejection:						Yes	s No
Personal Reasons:						Yes	. No
Other Ro	easons:					Yes	s No
NOTE: Refund	d request will n	ot be processed u	nless valid su	pporting doc	cuments are ful	lly provided.	
Refund Payı	ment Details	s:					
Direct De	eposit into Ban	k Account					
BSB No: (Domestic only)				k Name:			
Account No:				nch Address:			
Account Holder Name:				ft Code:			
	ccount details	must belong to the		,			
If the funds ar agent, corpora	authorise this at of my knowle be subsequently ation, or otherw	payment to be madge.  y claimed by anothise refunded incoming the	her person ir rrectly by AIC	ncluding (but , I agree to i	not limited to)	) another stu	dent, relative, onally liable to
associated cost I acknowledge further claims	ests which may be and declare against Austral	be incurred by AIC that the above is lian Ideal College	in trying to real a true stater for any compe	ecover the remember and by ensation, final	efunded amour signing below ancial or otherw	nt. w I agree no	t to make any
Parent/Guardia*For students und	an's Signature' ler 18 years old at	the time of application,	, a parent or gua	rdian's signatur	Date e is required.	:	
AIC OFFICE	USE ONLY	:					
Form Received	Ву:		Processed	Ву:			
	Date:		1 1006336U	Date:			
Admin Charge			Other Fee		Refund Amount		
Approved	Ву:		Defund made	Ву:			
	Date:		Refund made	Date:	Date:		
Remarkes							