



Sydney Business and Development Institute

| ABN: 81 113 651 639 | RTO No: 91192 |

CRICOS Code: 02725B

Level 2, 770 George Street Haymarket NSW 2000 Australia

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@sbd.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.

Applicant's signature _____ **Date:** / / 2022

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

DOMESTIC REFUND PAYMENT DETAILS:

☐ Bank BSB: _____ Account Number: _____

☐ Visa ☐ MasterCard

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 Security code (CCV)

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Expiry Date:

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 Month/Year

Card Holders Name: _____

Card Holders Signature: _____

INTERNATIONAL REFUND PAYMENT DETAILS:

Country Name: _____ Bank Name: _____

Account Name: _____ SWIFT code: _____

OFFICE USE ONLY:

Refund granted: ☐ **Refund not granted:** ☐

Comments: _____

Refund amount: AUD \$

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Administration fee: AUD \$

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Total: AUD \$

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Authorising Signature:

Print Name: _____ **Position:** _____

Signature: _____ **Date:** / / 2022