

FORM MUST BE COMPLETED IN FULL — INCOMPLETE FORMS WILL NOT BE PROCESSED

**PERSONAL DETAILS**

Surname/Family Name: \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 Student Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 (Email address must be provided)

**BANK DETAILS**

Bank Name: \_\_\_\_\_ Swift Code: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ IBAN Number: \_\_\_\_\_

**ACCOUNT HOLDER DETAILS**

The nominated account must be one of the following:

Student's account      Agency's account      Account that the payment was initially paid from

Account Holder Name (beneficiary): \_\_\_\_\_ Account Holder Phone: \_\_\_\_\_  
 Account Holder Address: \_\_\_\_\_  
 Account BSB (branch number): \_\_\_\_\_ Account Number: \_\_\_\_\_

Please confirm the nominated account receives AUD

**ACCOUNT HOLDER DETAILS**
**REASON FOR REFUND:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Greenwich College will refund within 28 days from the submission of this form. Any refunds are subject to the terms and conditions of enrolment, refund section. The refund will be sent to the account stated above.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Received on: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 By \_\_\_\_\_

Approve \_\_\_\_\_  
 Reject \_\_\_\_\_  
 Reason \_\_\_\_\_

E-mail Sent  
 Yes  
 PRISMS updated  
 Yes  
 Not applicable

STARS updated  
 Yes  
 Not applicable

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_