

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	STARS updated
PRISMS updated	Yes
Yes	Not applicable
Not applicable	Not applicable

Signature _____ Date: ____/____/____

Signature _____ Date: ____/____/____