

Refund Request Form



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Details		Refund Type	Tick
RR No (Admin Staff):		VISA Refusal	☐
Date:		VISA Renewal Refusal	☐
Name:		VISA Breach of Condition	☐
Student ID:		Withdrawal	☐
Course:		Transfer	☐
Course Intake:		Cancellation	☐
Section 1			
I request a refund for the following:			
Invoice Number:			
Amount:			
Reason: (Please attach any supporting documentation)			
**Please Enter your Banking Information in Page 2			
Section 2			
Acknowledgement			
I understand that my request for a refund will be processed in accordance with APEIRO INSTITUTE Refund Policy. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.			
Print Name:		Signature:	
Authorisation			
Authorisation for Processing			
Action to be taken:	☐ APPROVE	☐ DENIED	☐ ADJUSTED AMOUNT
Comments:			
Signed:		Position:	
Print Name:		Date Processed:	
Amount to be refunded:			

Admin Use Only				
Refund Register				
Logged in Refund Register:	☐ Yes	☐ No	Date:	DD / MM / YYYY
Logged By:			Signature:	
Refund Register				
Formal Letter Sent:	☐ Yes	☐ No	Date:	DD / MM / YYYY
Logged By:			Signature:	DD / MM / YYYY
Appeal of Decision				
Appeal Lodged:	☐ Yes	☐ No	Date:	DD / MM / YYYY
CAF Number:			Date:	DD / MM / YYYY

Bank/ Transfer Details	
Bank Name:	Account Name:
Bank Address:	Account Number:
	BSB/ SWIFT Code: