F12 REFUND REQUEST FORM

Student Details:	
Student Name	
Student ID	
Course Name	
Course Start Date	

Refund details: (Note: Please provide the relevant documents as evidence to support your request for refund. Evidence may include: Evidence of visa cancellation/refusal/withdrawal/change to visa subclass or conditions or other and the ticket to your home country**.**)

Bank Transfer (Please enter your bank account details in which you would like to receive your refund)

Bank Name			
Bank Branch			
Account Name			
BSB			
Account Number			
Swift Code		Country	

Student's Declaration
□ If account information other than mine, I authorise the above-mentioned account holder to receive the refund on my behalf.
□ I understand that my request for a refund will be processed in accordance with QCVE's 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.

Student Signature		**Date**	

For Office Use Only			
Request Received by		Date	
Refund Applicable:			
Refund processed by		Date	