

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



STUDENT DETAILS

Surname/Family Name:

Given Name(s):

Email (Email address must be provided):

Student Number:

Mobile Number:

BANK DETAILS

Bank Name:

Swift Code:

Bank Address:

IBAN Number:

ACCOUNT HOLDER DETAILS

The nominated account must be one of the following:

Students' account

Agencies' 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

REFUND 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
By

Date

Approve
 Reject
Reason

Signature

Date

E-mail Sent

Yes
PRISMS updated
Yes
Not applicable
STARS updated
Yes
Not Applicable

Signature

Date