

**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