

FEE REFUND FORM

1. Personal Details

Mr Mrs Miss Ms Other:

VTS Student ID:

Family Name:

Given Name:

Mailing Address:

State:

Postcode:

Country:

Phone:

Mobile:

Email:

2. I would like a refund of my: (please explain)

3. I am requesting a refund for the following reasons:

4. Have you completed and submitted the 'Course withdrawal form'?

Yes No

5. Payment Details

How was the payment made? (Please tick): BPAY Debit BPAY Credit Debit Card Credit Card

Cheque/Money Order Cash Other:

Invoice No:

Date of Payment:

Was the payment made on your behalf? Yes No

If Yes, please provide the Name and Address of the payee to be refunded and their bank account details where the refund is to be credited.

Payee's Name:

Address:

State:

Postcode:

Country:

What account is the refund to be applied to?

(Please note: If payment was made by credit card, the refund will be credited back to a nominated bank account only. **Payments must be back to the person who paid the fee.**)

I nominate a bank account to which the refund should be processed:

Name of Bank:

Branch:

Account No:

BSB:

Name of Account Holder:

6. Conditions of Refund

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- Refunds are made in accordance with the VTS Refund Policy.
 - All refunds are finalised within 30 days of the written request
 - This agreement does not remove your right to take further action under Australian Consumer Protection laws or to pursue other legal remedies

7. Student's Declaration (all applicants to complete)

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- I have read, understood and accepted the Conditions of this refund application.
 - I understand that providing inaccurate or incomplete information will delay my refund application.

Applicant's Signature:

Date:

Vital Training Solutions Pty Ltd
Suite 106, 171-179 Queen Street
Campbelltown, NSW 2560
P: +61 24628 0083
E: info@vitaltrainingsolutions.com.au
W: www.vitaltrainingsolutions.com.au
RTO Code: 91618



For Office Use Only

Amount: A\$

Student ID:

Name:

Comments/Calculation:

Cheque EFT TT Credit Card International Draft Cash Other

Approved by:

Signature:

Date:
