



## REFUND REQUEST FORM

### Student 's Personal Details:

Full Name

Date of Birth

Course Code & Name

Course Start Date

Address

Contact Number

Email Address

### Refund Details:

Reason For Refund:

Note: Please provide the relevant documents as evidence to support your request for refund.

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

Bank Name

Bank Branch

Account Name

BSB

Account Number

Swift Code

Country

### Acknowledgement

- I understand that my request for a refund will be processed in accordance with Riverdale Institute'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 on decision.

Name  Signature \_\_\_\_\_ Date

### Office Use Only:

Request Received Signature \_\_\_\_\_ Date

Refund Applicable  Date the letter was sent:

Comments

Refund Processed Signature \_\_\_\_\_ Date