REFUND APPLICATION FORM

STUDENT INFORMATION			
Student Number		**Date of Birth**	
Surname		**Given Name**	
Telephone		**Mobile**	
Address	Number & Street:		
	Suburb/Town:		Postcode/Zip code:
Email Address			
Course Name		**Start Date**	
Agent Name		**Country & City**	

REASON FOR REFUND

PAYMENT DETAILS FOR BANK CHEQUE / BANK DRAFT			
Surname		**Given Name**	
Telephone		**Fax**	
Address	Number & Street:		
	Suburb/Town:		Postcode/Zip code:
Province/State:		**Country:**	
Bank Account Holder's Contact Number:			

PAYMENT DETAILS FOR ELECTRONIC PAYMENTS			
Name of Account Holder			
BSB Number		Account number	
Bank Name		Swift Code	
Bank Branch & Address			
Bank Account Holder's Contact Number:			

CREDIT CARD REFUND (Refunds visa American Express cannot be processed, please chose Direct Deposit or Cheque Payment Method)	☐ **VISA CARD**	☐ **MASTERCARD**
Card Number:	Name on Card	
Card Expiry Date	Signature of Card Holder	

OFFICE USE ONLY					
Received by		**Checked by**		**Approved by**	
Name		Name		Name	
Signature		Signature		Signature	
Date		Date		Date	

Declaration and Consent:
I declare that the information declared on this form is complete and correct. I authorize CCMT to pay into this bank account as per my instructions. I agree to the conditions of this refund and declare that I am the person to whom this refund is to be paid.

Student Signature: **Date:**

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