



**DOMESTIC AND INTERNATIONAL REFUND APPLICATION FORM**

RTO 21832 CRICOS 03356C

EMAIL: [ACCOUNTS@AGBGROUP.COM.AU](mailto:ACCOUNTS@AGBGROUP.COM.AU) PHONE: 1300 123 242 CORRESPONDENCE: PO BOX 1284, GEELONG, VIC, 3220

Please ensure that you complete all the sections of the form clearly and accurately to avoid delays in the refund process. Please note that refunds will be processed within 14 business days.

**PERSONAL DETAILS:**

Student Type: Domestic  International  Gender: Male  Female  Indeterminate/Intersex/Unspecified

Title: Mr.  Miss  Mrs.  Ms.  Other  Please Specify .....

Family Name (As stated on passport)..... Date of Birth: \_\_\_/\_\_\_/\_\_\_

Given Name (As stated on passport)..... Country of Citizenship.....

Usual Residential Address: .....

Suburb: ..... Postcode: .....

Phone: (Home)..... (Work):..... (Mobile):.....

Email Address: .....

**REFUND POLICY**

Please ensure that you have read the refund policy that can be found at <http://www.agb.edu.au/compliance>

Fee Type	Before the Course Commences	When the course has commenced
Administration Fee	No Refund	No Refund
Tuition Fee	Full Refund	Pro rata of fees
Materials Fee	Full Refund if materials have not been received	No Refund
Student Services and Amenities	Full Refund	No Refund

**REFUND DETAILS**

Course Code:\_\_\_\_\_ Course Name:\_\_\_\_\_

Campus:\_\_\_\_\_ Study Year:\_\_\_\_\_ Refund amount Requested (\$ AUS):\_\_\_\_\_

Refund Reason:

Withdrawn from course  Course no longer offered by the RTO  Visa Declined  Overpayment  Other (Please Specify)

**Specify:**

**BANK DETAILS:**

Bank Name: \_\_\_\_\_ Account Holders Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

SWIFT Code (International Only): \_\_\_\_\_ Country of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**STUDENT DECLARATION:**

I, \_\_\_\_\_ (applicant's full name in Block letters)  
 declare that the information above best describes my circumstances. I have provided supporting documentation with my application and read the privacy information at the bottom of this form.

Signature: X \_\_\_\_\_ Date Signed: \_\_\_ / \_\_\_ / \_\_\_

Signature of parent/guardian (If under 18 years of age): X \_\_\_\_\_ Date Signed: \_\_\_ / \_\_\_ / \_\_\_

**OFFICE USE ONLY**

Do you approve the refund? Yes [ ] No [ ]	Student advised of outcome(date): ___ / ___ / ___	Form Received Date: ___ / ___ / ___
Processed by:	Signature:	Date Processed:
Amount to be refunded (\$ AUS):		

**SUBMIT THIS FORM:**

Submit this form in person	Post this form to	Email this form to	Contact Accounts
31 Barwon Terrace South Geelong Victoria, 3220	PO BOX 1284 Geelong Victoria, 3220	<a href="mailto:accounts@agbgroup.com.au">accounts@agbgroup.com.au</a>	Within Australia: 1300 123 242  Outside of Australia: +61 3 5221 2611

**PRIVACY INFORMATION**

We collect and protect your personal information in accordance with AGB Trainings Privacy Policy  
<http://www.agb.edu.au/compliance>