

STUDENT FEE REFUND REQUEST

L5, 12-14 O'Connell St. Sydney NSW 2000 RTO Provider: 41148 | ABN: 73 603 367 096

REFUND REQUEST FORM			_					
Using the Form: Print or save a copy of your completed form and sign before sending to: Administration email: contact@brighten.edu.au (Brighten Institute Australia L5, 12-14 O' Connell Street, Sydney, NSW2000)								
STUDENT INFORMATION			_					
Student Number								
Full Name								
First Name	Middle Name	Family Name						
Email	Phone number							
REFUND DETAILS								
I request a refund of fees paid by the	following method:							
Refund to Australian Bank Accou	nt (for payments made by BPAY, cheque, T	Т)						
Bank Name	Branc	h						

Account No.

Refund to International Bank Account (for payments made by BF	to International Bank Account (for payments made by BPAY, cheque, TT)				
Bank Name	Branch				
Bank Address					
Account Name	Account No				

Refund Amount: \$

Reason for refund request

BSB

STUDENT DECLARATION

I declare to the best of my knowledge the information supplied by me in relation to this refund request is true, complete and correct. Date

Student's Signature/ Guardian's Signature Student Name/ Guardian Name

(Guardian must sign if student is under 18 years old)

PRIVACY STATEMENT

The information on this form is collected for the primary purpose of assessing your application for the refund of student fees. The Institute may use the information provided in the application to update your personal details in the student system. Your personal information will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorized or required by law. You have a right to access personal information that the Institute holds about you, subject to any exceptions in relevant legislation.

For information on how BIA manages student information, please consult the Administration, Brighten Institute Australia Privacy Management Policy which is located at: http://brighten.edu.au

OFFICE USE ONLY								
(28 calendar days from receipt date)	Unit Default	(14 calendar days from receipt date)						
	Date Paid							
	Refund No.	Date	/ /					
		Date	/ /					
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