

Please tick: Local Australian Bank Overseas Bank

Name of Bank: _____

Bank Address: _____
 – No; Street & City _____

Country: _____ Postcode: _____

Account Name: _____

Account Number: _____

BSB Number: _____

SWIFT Code: _____

(applicable for overseas bank only)

NOTE: Where fees are paid by a party on behalf of the student, the Institute reserves the right to notify that party.

Office Use Only		
Please note that all evidence of document/s must be sighted and stamped as “Originals Docs Sighted” and the correct date. Please state your name on the evidence of document/s.		
Received by International Student Administrative Officer Name		Date / /
Outcome	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
		<input type="checkbox"/> No release letter required
Reason/s not approved (if applicable)		Refund Policy Category
Calculation of Refund Amount		
Centre Manager International Student Services Signature		Date
Action required	Administrative Officer Signature	Date
<input type="checkbox"/> PRISMS - eCoE cancelled		/ /
<input type="checkbox"/> Teaching Centre Advised		/ /
<input type="checkbox"/> Refund processed (if applicable) MEC to Finance		/ /
<input type="checkbox"/> ISO Database updated		/ /
<input type="checkbox"/> Invoice cancelled (if applicable)		/ /
<input type="checkbox"/> File closed		/ /