BARKLY INTERNATIONAL COLLEGE

F.23V03 Refund Request Form

Student Name: [＿＿＿＿＿] Student ID: [＿＿＿＿＿]

D.O.B: [＿＿＿＿＿] Home Phone: [＿＿＿＿＿]

Email: [＿＿＿＿＿] Contact No: [＿＿＿＿＿]

Address: [＿＿＿＿＿]

Course: [＿＿＿＿＿]

Course Start Date: [＿＿＿＿＿] Course End Date: [＿＿＿＿＿]

Reason for Refund: [＿＿＿＿＿]

Preferred Method Of Receiving Refund:

☐ Direct Transfer in Australia

Bank Name: [＿＿＿＿＿] Account Name: [＿＿＿＿＿]

BSB: ☐ ☐ ☐ - ☐ ☐ ☐ Account Number: [＿＿＿＿＿]

☐ Direct Transfer outside Australia

Beneficiary Name: [＿＿＿＿＿] Bank Name: [＿＿＿＿＿]

Bank Address: [＿＿＿＿＿]

State/Province: [＿＿＿＿＿] Zip/Post Code: [＿＿＿＿＿] Country: [＿＿＿＿＿]

Account Number: [＿＿＿＿＿] Swift Code: [＿＿＿＿＿]

Students Signature: [＿＿＿＿＿] Date: [＿＿＿＿＿]

Office Use Only

Received By: [＿＿＿＿＿] Date: [＿＿＿＿＿] Signed: [＿＿＿＿＿]

Refund Applicable? ☐ NO ☐ YES If Yes, Amount: [AUD$＿＿＿]

Comments: [＿＿＿＿＿]

Processed By: [＿＿＿＿＿] Date: [＿＿＿＿＿] Signed: [＿＿＿＿＿]

Document Information

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Reviewer:	Administration	**Date Created:**	1 January 2018
Address:	Level 1, 377 Lonsdale Street, Melbourne VIC 3000	**Date Reviewed:**	11 May 2024