Refund Request Form

(NOTE: Please allow 28 days for processing)

Details		Refund Type	Tick
RR No (Admin only):		VISA Refusal	
Date:		VISA Renewal Refusal	
Student Name:		VISA Breach of Condition	
Student ID:		Withdrawal	
Course:		Transfer	
Course Intake:		Cancellation	

Section 1

I have understood Adelaide Culinary Institute's refund policy and I request a refund for the following:

Invoice Number:	
Amount:	

Reason: (Please attach any supporting documentation)

Section 2

Option 1: Refund to credit card (only available if paid by credit card)

Card No.			
Expiry		Security code	
Name			

Option 2: Refund to an Australian bank account (Australian dollars only)

BSB		Account Name	
Account No.			
Bank Name		Branch Name	
Branch Address			
Bank Account holder's Address			

Option 3: Refund to an Overseas bank account (Australian dollars only)

Bank Name		Branch Address	
Branch City		Bank Country	
Account No.		Account Name	
Swift Code			
Bank Account holder's			

Address	

Section 3

Acknowledgement

I acknowledge that:
- A request for a refund will be processed in accordance with the Bush Tukka Pty Ltd T/A Adelaide Culinary Institute's Refund Policy.
- There are 20 days to access the Complaints and Appeals process if any disagreement with the outcome or decision.
- The information provided in this form is true and correct. Any false information given, or information withheld may lead to the request being refused.
- Where relevant, ACI will notify DBIP if this request is for a withdrawal from a course. This may result in the cancellation of a CoE and may affect a student visa.

Print Name:		Signature:	

Section 4

Office use only:

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT $

Comments:

Refund: EFT or CCard. (circle one)

Signed:		Position:	
Print Name:		Date Processed:	
Amount to be refunded:			

Administration record only

Refund Register

Logged in Refund Register:	Yes	No	Date:	
Logged By:			Signature:	

Refund Processed

Formal Letter Sent:	Yes	No	Date:	
Sent By:			Date:	

Appeal of Decision

Appeal Lodged:	Yes	No	Date:	
CAF Number:			Date:	