

FORM: 031A

REQUEST FOR REFUND

Title _____ Full Name: _____

Date of Birth _____ Allora Student ID (if applicable): _____

Company/Agent (if applicable) _____

Address: _____

Phone: _____ Fax: _____

Position: _____

Name of course you are enrolled in:

Invoice number: _____

Amount paid \$ _____ Amount of refund requested: \$ _____

Reason for refund request:

- Discontinuing My Studies
- Transferring to another training Provider
- Withdrawing for other Reason: (Please specify)

Email: info@allora.edu.au

OFFICE USE ONLY			
Date Form Received:	__/__/__	Mode of Payment: Date Paid: __/__/__	Invoice Number: Invoice Date:
Received by:		Reference: Initialed:	Refunded by:

Request for Fund

I acknowledge that my request for refund is subject to the terms and conditions as outlined in the refund policy of Vector Institute of Technology Pty. Ltd.

Once approved, I wish to receive the refund amount by one of the following:
 (choose **one**)

Cash Payment in person

Bank Deposit:

Account Name _____

BSB _____ Account Number _____

I wish to authorise _____

DOB: _____ to collect the payment on my behalf.

Note: Authorised person must have a valid photo identification.

Signature _____ Date _____