

## REQUEST FOR REFUND FORM

<b>Student Name:</b>		<b>Student ID Number:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Telephone/ mobile:</b>	
<b>Course:</b>			
<b>Request Details:</b> <input type="checkbox"/> Tuition Fee	<input type="checkbox"/> OSHC	<input type="checkbox"/> Materials Fee	<input type="checkbox"/> Others (Please Specify) _____
<i>Account Name:</i>	_____		
Bank Name	_____	Address: Account	_____
BSB No:	_____	No:	_____ Swift Code : _____
<b>If the transfer is based on Nepalese Bank, please fill this intermediary bank details which is necessary for transfer of funds (Mandatory)</b>			
Bank Name	_____		
Bank Address	_____	Bank Swift Code:	_____
<b>Reason for Refunds:</b>			
Evidence assessed to support decision: <input type="checkbox"/> Medical <input type="checkbox"/> Letters <input type="checkbox"/> Others (Please Specify) _____			
Details:			
<p>I declare that the information provided by me is correct and complete and I am aware that my refund application will be assessed according to the refund policy in the terms and conditions of enrolment. I authorize UIE to transfer my refund to the account indicated above.</p>			
_____ <i>Student's Signature</i>		_____ <i>Date</i>	
<b>Notes:</b>			
<ol style="list-style-type: none"> <li>1. For cancellation or withdrawal, a request for course withdrawal, cancellation form must be completed and attached as required.</li> <li>2. Approved refunds will be paid either by direct deposit or by telegraphic transfer to the nominated account within 14 days of receiving refund application.</li> <li>3. All refund sincere a \$250 administration fee except where it is specifically stated.</li> <li>4. Bank charges will be deducted from the total refundable amount.</li> </ol>			

**For Office Use Only**

Date received			Letter sent	Payment made (date) ( cheque/EFT)	
Fees paid to date	\$	Enrolment fee (non-refundable)	\$	Course /monthly fees	\$
Fees paid in advance to date	\$	Less admin fee	\$	Final refund amount	\$

Verified by Accounts Officer/PEO APPROVED /NOT APPROVED Name: _____ Signature: _____	Date: _____
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