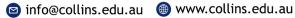
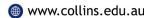


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REFUND APPLICATION FORM

CTUDENT DETAIL C			REASONS	
STUDENT DETAILS				de detailed reasons for your application. equire more space, please attach a seperate sheet.
Student name:			Griddia you iv	oquire more space, piedse ditacin a seperate sineet.
Middle name(s):				
Surname:				
Student ID:				
Course:				
Workplace (if trainee or apprentice): Date of withdrawal:			PECLARATION / CONSENT I have read the refund policy and understand the terms and conditions. I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.	
I have commenced my course a If no, date of scheduled commen			deadlines fo I declare that and understathat I may be I also authori	If and agree to be bound by the institution policies and r the processing of refunds. It the information I have given on this application is correct and that by knowingly making false or misleading statemens is liable for prosecution. se the Collins Insitute of Australia to gather and obtain and formation pertaining to this application.
STUDENT'S CIRCUMSTANCES	AND REASON FOR REF	UND	•	conditions of this Refund Application and declare that I amo whom this refund is to be paid.
Please select below:			By signing this fo	
I was refused a student vi	sa (please attach evide	nce)		ion provided is true and complete. e attached all required supporting documents.
I currently owe fees and w				
Course was cancelled by C			STUDENT'S SIG	NATURE HERE
Other (including Compass if appropriate – please att				
I would like my refund paid to	:	Me Agent		
If agent, please provide the follow	ring information about your	nominated recipient:		
Full name:			Date:	
Unit/Street number:			Please submit th	is completed form to Collins Institute of Australia in one o
Suburb:	State:		the following way	/s:
Postcode:	Country:		In person or by postal mail:	Collins Institute of Australia Level 6, 127 Liverpool Street, Sydney NSW 2000 Australia
Email:			By e-mail:	info@collins.edu.au
			500 055105 HO	- 0.00
Mobile:			FOR OFFICE USE	EONLY
PLEASE PROVIDE THE BANK A REFUND, IF APPROVED:	ACCOUNT DETAILS FOR	DEPOSIT OF YOUR	Processed by:	
Account name:				
Name of bank:			CEO's	
Branch:			Signature:	
BSB:			Printed name:	
Account number:			Date:	

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