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|---|--|--|------------------------|--|--|
| Refund Request Form | | | | Refund No. 1 | |
| Section 1 – Client Details | | | | | |
| Name: | | | | Date: | |
| Contact Tel: | | | | Mobile: | |
| Email: | | | | | |
| Course: | | | | Course Date: | |
| Section 2 – Refund Details | | | | | |
| I request a refund for the following: | | | | | |
| Invoice Number: | | | | | |
| Amount: | | | | | |
| Reason: (Please attach any supporting documentation) | | | | | |
| | | | | | |
| Acknowledgement | | | | | |
| I understand that my request for a refund will be processed in accordance with the Success Resources International Refund Policy. | | | | | |
| Signature | | | Date: | | |
| Section 3 – Authorisation | | | | | |
| Please tick the type of Refund: | | | | | |
| <input type="checkbox"/> Withdrawal | | <input type="checkbox"/> Cancellation | | | |
| <input type="checkbox"/> Transfer | | <input type="checkbox"/> Other (please specify) | | | |
| This Refund amount is : | | | | | |
| <input type="checkbox"/> APPROVED | | <input type="checkbox"/> DENIED | | <input type="checkbox"/> ADJUSTED TO \$ | |
| Comments/ Reason for decision / Calculations of Refund | | | | | |
| | | | | | |
| Refund Method is : | | | | | |
| <input type="checkbox"/> EFT / CCard | | <input type="checkbox"/> Cheque | | <input type="checkbox"/> Direct Deposit via Bank Details | |
| NAME OF ACCOUNT | | | | | |
| BANK NAME | | | | | |
| BSB NUMBER: | | | | | |
| ACCOUNT NUMBER: | | | | | |
| Signed: | | | Position: | | |
| Print Name: | | | Date Processed: | | |
| Admin Use Only | | | | | |
| Logged in Refund Register: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date: / / | |
| Logged By: | | | | Signature: | |
| Formal Letter/Email Sent: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date: / / | |
| Sent By: | | | | Signature: | |