

EDWARD BUSINESS COLLEGE

Registered Training Organisation (RTO Code: 45818)
ABN 86 643 641 990 | ACN 643 641 990

📍 1 Mona Street, Bankstown NSW 2200
☎ 1800 000 EBC (322)
✉ info@edwardbusinesscollege.edu.au



FEE REFUND REQUEST FORM

ABOUT THIS FORM

This form is to be utilised for refunding students' fees where student enrolment for the offered qualification is terminated early or the RTO fails to provide the agreed services.

This form is designed to comply with the Standards for RTOs 2015, Clause 5.3 (c) and the National Code 2018, Standards 2 and 3.

Edward Business College Pty Ltd has established policies and procedures for fee refunds. Students are required to read and understand the Refund Policy and Procedure prior to submitting this form. Information relating to fee refunds is provided in the Student Letter of Offer and Agreement, Student Handbook, and during Orientation.

STUDENT DETAILS

Full Name:	<input type="text"/>
Student ID:	<input type="text"/>
Email Address:	<input type="text"/>
Mobile:	<input type="text"/>
Address:	<input type="text"/>

ENROLMENT DETAILS

Course(s) Enrolled:

01.	<input type="text"/>
02.	<input type="text"/>
03.	<input type="text"/>

Course Duration:

Start Date:

End Date:

REASON(S) FOR REFUND REQUEST

Visa not granted (Visa Refusal Letter from the Department of Home Affairs required)

Medical (Letter from a General Practitioner or Specialist required)

Transfer (Copy of new offer letter required)

Leave (Relevant supporting documents required)

Others:

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REFUND PAYMENT DETAILS (ELECTRONIC TRANSFER ONLY)

Bank Name:	<input type="text"/>
Account Holder Name:	<input type="text"/>
BSB:	<input type="text"/>
Account Number:	<input type="text"/>
SWIFT Code:	<input type="text"/>

STUDENT DECLARATION

I declare that the documents and information I have provided are true and correct. I authorise Edward Business College Pty Ltd to verify the details provided with any relevant party where required.

Student Signature: _____

Date: _____

CEO / GENERAL MANAGER OR AUTHORISED DELEGATE APPROVAL

Name of Authorised Person:	<input type="text"/>		
Designation:	<input type="text"/>		
Outcome of Fee Refund Request:	<input type="text"/>		
Reason for Decision:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

FOR ADMIN USE

Application Received Date:	<input type="text"/>	Admin Officer Name:	<input type="text"/>
Refund Letter Email Date:	<input type="text"/>	Email Received By:	<input type="text"/>
PRISMS Update Date:	<input type="text"/>	PRISMS Updated By:	<input type="text"/>
Axcelerate Update Date:	<input type="text"/>	Axcelerate Updated By:	<input type="text"/>
Student File Update Date:	<input type="text"/>	Student File Updated By:	<input type="text"/>