

REQUEST FOR

REFUND/ CREDIT ADJUSTMENT

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

Representative information (if applicable)

| | |
|---------------------------|-----|
| Agent name/contact person | |
| Country | |
| E-mail | |
| Telephone | Fax |
| Agent signature: | |

Original payment method

| | |
|--|----------------------|
| Initial payment via EFTPOS Cheque Bank Transfer Credit Card (Mastercard/ Visa)** FEE-HELP | |
| **Payment made by credit card will be returned to the same credit card. If the credit card is lost or expired, we will refund it by cheque. Provide the details below. | |
| Card number (first 4, last 4 digits only) ____ XXXX XXXX ____ | |
| Bank details different from Agent/Student (Mandatory) Yes No (If 'Yes' please attach authorisation email from agent/student providing permission to refund agreed amount into account below). | |
| Bank name | |
| Bank address | |
| SWIFT code | |
| Account holder name | |
| BSB number | Account/ IBAN number |
| Bank details verified (Mandatory) Yes No | |

Student details

| | |
|--|-----------------------|
| Title Mr Ms Other (please specify): | |
| Family name | |
| First name(s) | Date of birth (d/m/y) |
| Enrolment ID | Student ID |

Enrolment details

| | |
|------------------------|--------|
| Program | Stream |
| Course Completion Date | |

If cheque recipient's postal address (if applicable)

| | |
|--------------|----------|
| Full address | |
| City | Postcode |
| Country | |

Refund/ adjustment details

| | |
|---|------------------------------|
| Refund/ adjustment amount requested | |
| Reason (please tick one): | |
| Request to withdraw prior to commencement | Offer of enrolment withdrawn |
| Request to withdraw post commencement | Visa cancellation/delayed |
| Overpayment | Scholarship |
| Other (please state): | |

Student declaration

| | |
|--|------|
| I declare that the information I have provided on this form is true and correct. I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my application may delay the processing of my refund. | |
| Signature | Date |

Privacy: We recommend that you read Kaplan's Privacy Policy published on our website www.murdochinstitute.wa.edu.au/privacy

Please return this form to your Murdoch Institute of Technology campus admissions office.

Office use only

| | | | | | |
|--|---|--|----------------------------|--|------|
| Invoice number(s) | | Receipt number (to be refunded) | | AUDIT/NIRD number (for credit card refund) | |
| Fees paid: | Non-refundable amounts (e.g. administration/enrolment fee): | Extra charges to be invoiced (e.g. late fee/change fee/credit adjustment fee): | Total refund: | | |
| OSHC Cancellation Required (If applicable) Yes No Note: can only be cancelled before the student has started studying. OSHC can not be refunded by Kaplan after the policy has been processed. The student will need to contact their health provider directly to organise a cancellation and refund if eligible. | | | | | |
| Prepared by (print name) | | Date | Local office authorisation | | Date |
| Head office authorisation | | Date | Processed by (print name) | | Date |