



REQUEST FOR REFUND FORM

Personal Details (PLEASE PRINT CAPITAL LETTERS)			
Student Name:		Student ID #	
Mailing Address:			
Email Address:			
Home Number:		Mobile:	
Summary of request for refund			
Refund Details			
Amount to be refunded in AUD:		\$	
NOTE: Refunds will be paid back to the account from where the original payment came from. UIL cannot refund to any third party, unless the original payment came from that third party.			
Refund Method:	<input type="checkbox"/> Cheque <input type="checkbox"/> Telegraphic Transfer		
For cheques, make payable to:			
For Telegraphic Transfer, provide following details:	Account Number:		
Bank Name:		BSB:	
Bank Address:		Account Name:	
Branch Name:		Swift/sort Code:	
NOTE: Refunds will be paid within 28 days from the date this form is received.			
Student Declaration			
Student Signature:		Date:	
Payee Signature:		Date:	
OFFICE USE ONLY			
Refund request received:			Date:
Refund approved:			Signed:
Sent to Finance for processing:			Date:
Refund Processed:			Date:
Further comments:			