

Version: 3.0

Approved: January 2024

Level 3, 379 Hay Street Perth, WA 6000, Australia

+61 (08) 6150 2138

info@contempocollege.edu.au

\*www.contempocollege.edu.au

## **Application for Refund**

Please ensure to	o fill this form correctly. Incorrect or incomplete	e forms will result in delays	or rejection
Student ID:		Student Name:	
Phone:		Email:	
Course Name:			
Address:			
Conditions	for Refund		
All Refunds are Agreement. If the person or organ ensure they ha	e made according to the College's Refund e refund is approved, the refund will be paid hisation paid the fees, to their nominated bar	into your nominated bank nk account) within 10 wor	d Letter of Offer and Student Acceptance account (or where it is identified that another king days of the decision. All students must gned Offer Letter and Student Acceptance
Bank Remit	tance Details		
	r organisation who made the payments to		ed fees transferred into. Where you were not ble refund fees will be transferred into their
Australian Ba	ank Account Details		
Bank Name:		Account Name:	
BSB Number:		Account Number:	
Overseas Bai	nk Account Details		
Bank Name:		Account Name:	
SWIFT Code:		Account Number:	
Third Party	Refund Authorisation		
I authorise the th	ird party listed below as my beneficiary for the	e transfer of the refund/s fro	om Contempo College:
Third Party In	ıformation	_	
Name:		Relationship:	
Bank Name:		Account Name:	
SWIFT Code:		Account Number:	
Document Name : Appl	ication for Refund	RTO Code: 45720	CRICOS Code: 03933H

Review Date: December 2025

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## **Reasons for Requesting Refund**

Please attach relevant suppo	rting documer	itation to support	your application)		
Student Declaration					
	stipulated in n	ny Offer Letter and	Student Acceptance A		cellation Policy, Student Refund and confirm that the information
understand that providing false	information to	the Institute may re	esult in the termination	of my enro	lment and/or entitlements.
Student Signature:				Date:	
Office Use Only					
Admissions Department:					
Comments:					
Name:					
Signature:				Date:	
Accounts Department					
Fund Received:		ition Fees:		Refund An	nount:
Invoice Reference #:	Не	ealth Insurance:			
Name:			,		
Signature:				Date:	
			T		20000
Document Name : Application for Refund  Version: 3.0	Approved: January 2	2024	RTO Code: 45720  Review Date: December 2025		CRICOS Code: 03933H Page   2 of 3
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Application:	APPROVED		REJECTED
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## **Action Taken by Management**

, ,		
Name:		
	1	
Signature:		Date:
Original Face Bail &	Descript No.	Data of Dayward
Original Fees Paid \$	Receipt No:	Date of Payment
Total Amount Refunded \$	Receipt No:	Date of Payment
,	'	,
Comments:		

Document Name : Application for Refund		RTO Code: 45720	CRICOS Code: 03933H
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