



Refund Request Form

| Refund Request Form | | | Refund No. |
|---|---|--|------------------------------|
| Section 1 – Client Details | | | |
| Name: | | Date: | <input type="checkbox"/> / / |
| Contact Tel: | | Mobile: | <input type="checkbox"/> |
| Email: | <input type="checkbox"/> | | |
| Course: | | Course Date: | <input type="checkbox"/> / / |
| 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 ABEX INSTITUTE OF TRAINING Refund Policy. | | | |
| Signature | | Date: | <input type="checkbox"/> / / |
| Section 3 – Authorisation | | | |
| Please tick the type of Refund: | | | |
| <input type="checkbox"/> Withdrawal <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <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"/> Direct deposit | <input type="checkbox"/> Credit to Corporate Account | |
| Signed: | | Position: | |
| Print Name: | | Date Processed: | |
| Admin Use Only | | | |



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| | | | | |
|-----------------------------------|------------------------------|-----------------------------|-------------------|-----|
| 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: | |