Refund Request Form

BE IMPACTFUL
LEADERS INSTITUTE

Personal Details- complete your details as currently on record at Leaders Institute

Course Name : _____ Course Code : _____

COE No. _____ Title (Mr, Ms, Mrs etc.) _____

Student Number : _____

Family Name : _____

Given Names : _____

Date of Birth : _____

Student Type : ☐ Domestic ☐ International

Current mailing address : _____

_____

Town/Suburb: _____ Post Code : _____

Contact Number : _____ Email : _____

Refund Requested

The reason for refund is: _____

_____

Refund Amount: AUD : _____

Declaration

I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that it is my responsibility to provide all necessary documentary evidence for refund. I acknowledge that I am subject to and must comply with any policies and procedures of Leaders Institute governing my conduct as a student and academic matters affecting my studies.

Student's Signature _____ Date _____

Office Use Only

Recipient Name: _____ Refund Amount Requested: AUD _____

Reason for refund : _____

_____

Recipient Signature: _____ Date: _____

Refund Status: ☐ Approved ☐ Not Approved | Amount: AUD _____

Approver Comment : _____

_____

Approver Name: _____ Approver Signature: _____ Date : _____

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Guidelines

Refund Policy

If a prospective international student is seeking a refund prior to commencing study with LI because of a visa rejection, the prospective student must provide LI with written notification and a copy of documents evidencing the refusal including an original letter from the Australian Embassy, High Commission, or Immigration Office.

For more informations about refunds and appeal processes please refer to the Refund Policy on our website.
https://leaders.edu.au/policies_/refund-policy/

- Refunds are only paid in Australian dollars
- Payments are refunded:
  - Onshore by Electronic Funds Transfer (EFT) or cheque
  - Offshore by telegraphic transfer
- Requests for refunds of Overseas Student Health Cover (OSHC) must be made to your OSHC provider
- All refunds will be made within 28 days after LI receives a written refund claim. The amount of the refund made will be in accordance with the Refund Schedule published on the LI website.

Refund Method

☐ **Electronic Fund Transfer (EFT)**

Account Holder Name:_____

Bank: _____

Branch Address: _____

Swift Code:_____

BSB Code:_____

Account Number: _____

☐ **Cheque**

Australian Mailing Address: _____

Town/ Suburb: _____

State: _____

Post Code: _____

☐ **Overseas Bank Account Details**

Please print all details in BLOCK LETTERS with correct spacing of account number

Bank Sort Code/ ABA RT# or SWIFT Reference: _____

IBAN: _____

Name of Bank: _____

Address of Bank with country: _____

_____

_____

Account Number: _____

Name of Account Holder: _____

Address of Account Holder

Street Address: _____

Suburb: _____ Town/City: _____

State: _____ Post Code: _____

Country: _____