

Refund Application Form

Student Name:			
Student ID:		Date of Birth	
Course Name:			
Start Date:			
Student Declaration			
<p>I have read and understood Stanley College's Refund and Cancellation Policy.</p> <p>I have received the details about how my Refund has been calculated and agree to the refund calculated. I understand that I have the right to appeal the calculated amount.</p> <p>I understand that Stanley College will not transfer any funds to a third party unless I explicitly request it in writing, in which case Stanley College shall be released of any responsibility in relation to the refund, once the funds have been transferred as requested.</p>			
Name:	Signature:	Date:	
Account Name:			
Account Number:			
BSB Number:			
Bank Name:			
International Bank Account (please provide the following additional details)			
SWIFT Code:			
Bank Address			
Branch Name:			