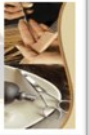


Refund Request Form

Adelaide Institute of
Hair & Beauty



Student request	
Name:	
Student number:	
Course:	
Reason for request:	
Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:	
Account Name:	
BSB:	Acc No:
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:

CEO action	
Name:	
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reason for decision:	
Sign:	Date: