

Refund Letter of Authority

(Please fill out this form electronically and print out to sign)

Date:		
Ι,	[Student's	Name], DOB:/, Passport
No:, a	student enrolled in Australia Instit	cute of Business and Technology (AIBT)
RTO: 41138 CRICOS: 0343	OJ, with student ID:	/ Enrolment Application ID:
·		
Due to visa refusal	withdrawal release	other
(please specify), I would lik	e to ask for a refund of my course f	ees.
I hereby give full authorisat	cion to the following account to rec	eive the refund on my behalf.
Beneficiary's Account Nam	e:	
BSB (Australian bank accord	unt only):	
Beneficiary's Account Num	ber:	
Beneficiary's Bank Name: _		
Beneficiary's Bank Branch I	Name:	
Beneficiary's Bank Address	:	
City/Suburb:	State/Province:	Postcode:
Swift Code:	IBAN:	
Beneficiary Account Holder	Address:	
Signature of Student: (Must be handwritten)		.
Signature of Parent/Guardi (Must be handwritten)	an: (if under 18 years):	
Date:		

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