

Refund Request Form

Details	Refund Type	Tick								
RR No (Admin Staff):			Withdrawal							
Date:			Transfer							
Name:		Cancellation								
Course:										
Section 1										
I request a refund for the following:										
Invoice Number:										
	Initial Payment method Cas	sh EFT	POS Che	eque Dire	ct Debit					
Amount:	Name on card: Expiry Date CVC									
				/						
	Card No:									
Pank Dotails	BSB:									
Bank Details: Account Name:										
Reason: (Please attach any supporting documentation)										
Section 3										
Acknowledgement										
I understand that my request for a refund will be processed in accordance with OnRoad OffRoad Training Fees										
and Refund Policy.										
I also understand that I shall have access to the Complaints and Appeals process, should I not agree with the outcome or decision.										
Print Name:	Si	gnature:								
Authorisation										
Authorisation for Processing										
Action to be taken:	APPROVED	DI	ENIED	ADJUSTED AN	//OUNT					



Comments:								
Ciana di				Danitian				
Signed:				Position:				
Print Name:				Date Processed:				
Amount to be refunded:								
Admin Use Only								
Refund Register								
Logged in Refund Register:		Yes	No	Date:				
Logged By:				Signature:				
Refund Processed								
Formal Letter Sen	t:	Yes	No	Date:				
Sent By:				Date:				
Appeal of Decision								
Appeal Lodged:		Yes	No	Date:				
CAF Number:				Date:				