



Refund Request Form Under 18 Years Old

Student Details

Student name:	
Student ID:	
Address:	
Date of birth:	
Passport number:	
Reason for withdrawal:	

Parent/Guardian ("Carer") Details

Carer's name:	
Address:	
Date of birth:	
Passport number:	

Direction to pay

I confirm that I am the Student named above and now make an application for a refund, due to the reason for withdrawal above. If my application is successful, I direct *Australian Pacific College and/or English Unlimited (APC/EU)* to pay the refund to the following account (*select 1 option only*):

Option 1

Overseas bank account

Bank name:	
Account name:	
Account number:	
SWIFT number:	
IBAN (if applicable):	

Option 2

Australian bank account

Bank name:	
Account name:	
BSB:	
Account number:	

Acknowledgement and Agreement

I, the Carer named above, acknowledge and agree to the following:

1. The refund application will be processed within 4 weeks after receipt of all relevant documents from me, including identification documents.
2. My application for refund will be assessed according to the Cancellation, Withdrawal and Refund Policy and the ESOS Act, and that I may not be entitled to any refund.
3. Once APC/EU has paid the refund in accordance with my Direction to pay, I will not make any claim, commence any proceedings or take any action against APC/EU for compensation or otherwise in respect of any loss I may suffer.
4. I fully indemnify and hold harmless APC/EU against any and all claims or proceedings that may be made against APC/EU by any other party, as a result of APC/EU making a refund in accordance with my direction to pay, including for any legal or other expenses incurred by APC/EU to defend any claim or proceedings.
5. If the reason for withdrawal is due to student visa refusal, this Refund Request Form will be taken to be my course variation request to withdraw my enrolment at APC/EU.
6. APC/EU will not pay the refund (if any) until APC/EU is satisfied with my identity.

Carer's signature	Carer's Signature _____ Date: _____
Witness' signature	I confirm that I witnessed the carer sign the agreement above; _____ Witness' signature _____ Witness' name

Attachments

BOTH You and the Witness **MUST** attach with this Refund Request Form, Clear and legible copies of *Government issued identification* document (i.e. Passport, Drivers License, identity card) **clearly displaying your signatures.**

Failure to provide the documents above will result in a delay of payment of the refund (if any).