



## Refund Request Form (U18)

### Student Details

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

### Parent/Guardian ("Carer") Details

Carer's name:	
Address	
Date of birth:	
ID Document* number:	

*\* For Overseas Students or intending Overseas Students, the ID Document must be a passport. Carer's may use a Passport or photo ID issued by a government department.*

### Direction to pay

I confirm that I am the Carer 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:

- ☐ Me, the Carer named above; or  
☐ the Specified Person in the Specified Person Schedule below.

Specified Person Schedule	
Name of Specified Person:	
Address:	
Email:	

### Bank account details

I direct Australian Pacific College and/or English Unlimited (APC/EU) to pay the refund to the following bank account (select 1 option only):



☐ **OPTION 1**

**Overseas bank account**

Bank name:	
Account name <sup>1</sup> :	
Account number:	
SWIFT code:	
IBAN (if applicable):	

☐ **OPTION 2**

**Australian bank account**

Bank name:	
Account name <sup>2</sup> :	
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 and subject to APC/EU being reasonably satisfied with the 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 proceeds 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 (including the Student), 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.

<sup>1</sup> The Account name must be in the name of the Carer or Specified Person.

<sup>2</sup> The Account name must be in the name of the Carer or the Specified Person.



7. If I have selected payment of the refund to a Specified Person, the Specified Person Schedule above will automatically replace the Specified Person Schedule in, and vary the Letter of Offer.
8. Once APC/EU has transferred payment to the Specified Person, I will not make any claim, take any action or commence any proceedings against APC/EU for failure to pay the refund and in this respect I will indemnify APC/EU against loss or damage suffered as a .

**Carer's  
signature**

Carer's Signature

\_\_\_\_\_

Date: \_\_\_\_\_

**Witness'  
signature**

I confirm that I witnessed the student 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).*