

REQUEST FOR REFUND



FORM: 031A

Title _____ Full Name _____

Date of Birth _____ NECT Student ID (if applicable): _____

Company/Agent (if applicable) _____

Address: _____

Phone: _____ Fax: _____

Position: _____

Name of course you are enrolled in:

Invoice number: _____

Amount paid \$ _____

Amount of refund requested: \$ _____

Reason for refund request: _____

MAIL TO: New England College of Technology
Administration Manager
151 Wellington Rd, East Brisbane QLD 4169
info@nect.qld.edu.au

OFFICE USE ONLY

Date Form Received:	Mode of Payment:	Invoice Number:
Received by:	Date Paid:	Invoice Date:
	Reference:	Refunded by:
	Initialled:	

REQUEST FOR REFUND



I acknowledge that my request for refund is subject to the terms and conditions as outlined in the refund policy of New England College of Technology.

Once approved, I wish to receive the refund amount by one of the following:
(choose **one**)

Cash Payment in person

Bank Deposit: Account Name _____

BSB _____ Account Number _____

I wish to authorise _____

DOB: _____ to collect the payment on my behalf.

Note: Authorised person must have a valid photo identification.

Signature _____ Date _____