

Use BLOCK LETTERS when completing this form and please keep a copy.

REPRESENTATIVE INFORMATION (if applicable)

Agent name/
contact person

Country

Phone

Fax

Agent
signature:

STUDENT DETAILS

Title

Mr Ms Other (please specify):

Family name

First name(s)

Date of birth
(d/m/y)

Enrolment ID

Student ID

Enrolment details

Program

Stream

Course
Completion Date

REFUND/ ADJUSTMENT DETAILS

Refund/ adjustment
amount requested

Reason (please tick one):

- Request to withdraw prior to commencement
 Offer of enrolment withdrawn
 Request to withdraw post commencement
 Visa cancellation/delayed
 Overpayment
 Scholarship
 Other (please state):

Privacy: We recommend that you read the College's Privacy Policy published on our website www.college.adelaide.edu.au/legal

Original payment method

Initial payment via

- EFTPOS Flywire Bank Transfer
 Credit Card (Mastercard/ Visa)** FEE-HELP

**Payment made by credit card will be returned to the same credit card. If the credit is lost or expired, we will refund the payment via bank transfer. Please provide proof of account closure. Provide the details below.

Card number (first 4, last 4 digits only)

— — — — XXXX XXXX — — — —

Bank details different from Agent/Student (Mandatory)

- Yes No

(If 'Yes' please attach authorisation email from agent/student providing permission to refund agreed amount into account below).

Do you consent for the refund to be paid in the nominated banks currency?

- Yes No

Please provide the nominated
banks local currency

If you answered no to the above question or your bank account is located in Bhutan, Nepal or Pakistan, please provide the intermediary bank details. (These details can be obtained from your local bank branch.)

AUD Correspondent Bank
& SWIFT code

Bank details verified (Mandatory)

- Yes No

Account Holder Name

Account Holder Address

Account Number

Bank name

Bank SWIFT Code
or BSB

For financial institutions located outside Australia that do not accept international payments in AUD, an intermediary bank swift code may be required. Please check with your financial institutions and ensure to provide COMPLETE banking instructions to avoid any delays in receiving your refund.

STUDENT DECLARATION

I warrant that the information I have provided in this form is true and correct, and I release and indemnify Kaplan from all loss, claims and liability if the refund is not received by me despite Kaplan applying the information I have provided in this form. I acknowledge that by not providing all requested information, this may delay the processing of my refund.

Signature

Date

OFFICE USE ONLY

Invoice
number(s)

Receipt number
(to be refunded)

AUDIT/NIRD number
(for credit card refund)

Fees paid

Non-refundable amounts
(administration/ enrolment fee)

Extra charges to be invoiced
(late fee/change fee/credit adjustment fee)

Total
refund

OSHC Cancellation Required (If applicable) Yes No Note: can only be cancelled before the student has started studying. OSHC can not be refunded by Kaplan after the policy has been processed. The student will need to contact their health provider directly to organise a cancellation and refund if eligible.

Prepared by

Date

Approved by

Date

Head office
authorisation

Date

Processed by
(print name)

Date