

REQUEST FORM FOR

REFUND/CREDIT ADJUSTMENT

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

Representative information (if applicable)

Agent name/ Contact person	
Country	
E-mail	
Telephone	Fax
Agent signature	

Student details

Title Mr Ms Other (please specify):	
Family name	
First name(s)	Male Female
Date of birth (d/m/y)	Student ID
Enrolment ID	

Enrolment details

Program
Course completion date

Refund / adjustment details

Refund / adjustment amount requested
Reason (please tick one): <input type="checkbox"/> Request to withdraw prior to commencement <input type="checkbox"/> Offer of enrolment withdrawn <input type="checkbox"/> Request to withdraw post commencement <input type="checkbox"/> Visa cancellation / delayed <input type="checkbox"/> Overpayment <input type="checkbox"/> Scholarship Other (please state):

Privacy: We recommend that you read Kaplan's Privacy Policy published on our website www.kbs.edu.au/privacy

Return this form to your Kaplan Business School campus admissions office:

Adelaide

Level 1, 68 Grenfell Street
Adelaide SA 5000

Tel: +61 (0)8 8215 4100

Email: kbsadl.studentservices@kbs.edu.au

Brisbane

Level 3, 252 St Pauls Terrace
Spring Hill, Brisbane QLD 4000

Tel: +61 (0)7 3872 3800

Email: kbsbri.studentservices@kbs.edu.au

Melbourne

Level 4, 370 Docklands Drive
Docklands, Melbourne VIC 3008

Tel: +61 (0)3 9626 4576

Email: kbsmel.studentservices@kbs.edu.au

Sydney

Level 8, 540 George Street
Sydney NSW 2000

Tel: +61 (0)2 8248 6758

Email: kbsyd.studentservices@kbs.edu.au

Original payment method

Initial payment via EFTPOS Cheque Bank Transfer Credit Card (Mastercard/Visa/AMEX)** FEE-HELP
**Payment made by credit card will be returned to the same credit card. If the credit card is lost or expired, we will refund it by cheque. 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).
Bank name
Bank address
SWIFT code
Account holder name
BSB number Account / IBAN number
Bank details verified (Mandatory) Yes No

Student declaration

I declare that the information I have provided on this form is true and correct. I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my application 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 (e.g. administration/enrolment fee):	Extra charges to be invoiced (e.g. 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 (print name)	Date	Local office authorisation	Date
Head office authorisation	Date	Processed by (print name)	Date