

## REFUND REQUEST FORM



## Jasmine Education Group Pty Ltd t/a Queen Anne English College - Queen Anne Business College

ABN: 551320089025 | National Provider Code: 40458 | CRICOS Provider Code: 03240D

Bankstown Campus: Level 1, 49 Raymond Street, Bankstown NSW 2200 | Sydney City Campus: Level 4,225 Clarence Street, Sydney, NSW 2000 Phone: (02) 97074840 Email: admin@qaec.nsw.edu.au | Website: www.qaec.nsw.edu.au

1. Studen	t Details
Full Name :	ID:
Phone:	E-mail :
Street name & number :	
Suburb:	State : Post Code :
2. Reque	st Details
Course:	Start ; End :
Amount Paid :	
Who paid the	fees to the college
Agen	Student Other
How the fees v	vere paid   EFTPOS  Internet Transfer  Credit Card  Cash
The refund will	be made if approved to the person or agent whom paid the fees.
Bank name:	
BSB/SWFT code:	Account number:
IBAN Number:	
Bank address:	
Account name:	
Supporting documents:	
Reason for rea	uest
Student Signature :	Date :

Refund Request Form	Jasmine Education Group	Version 3.5	
Last Updated: 30 July 2023	Next Review Date: 30 July 2025		
Authorised by CEO	Page 1 of 2		



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Office use only										
Task	Staff					Date				
Received by										
Request	Α	pproved			Declined					
outcomes	Name			Signature						
Notes/ Reasons										
Date of Refund				PΛ	NT reference nur	mber				

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