

## Application for Refund Form

**Please Note:**

This form must be used to apply for a refund of your fees. Before your application for a Fees refund will be considered, you must complete all the sections below and attach required documents relevant to your application. *Refund application processing time is 28 days from the date of receipt of a complete application.* Read & understand the CTA Refund Policy and Procedure and be aware that your refund request will be processed in accordance with that policy.

PERSONAL and CONTACT DETAILS			
TITLE (Please circle):    Mr. Mrs. Ms. Miss.			
FIRST NAME/S:		SURNAME:	
PREFERRED NAME(Optional):			
RESIDENTIAL STREET ADDRESS:			
TELEPHONE:		DATE OF BIRTH:	
EMAIL:			

DETAILS FOR REFUND
Mention the reason for your refund:

PAYMENT DETAILS FOR BANK CHEQUE/BANK DRAFT			
FIRST NAME/S:		SURNAME:	
RESIDENTIAL STREET ADDRESS:			
TELEPHONE:		EMAIL	
PAYMENT DETAILS FOR ELECTRONIC PAYMENTS			
NAME OF ACCOUNT HOLDER:		SURNAME:	
BANK OR BSB NUMBER:		ACCOUNT NUMBER:	
BANK NAME:		BANK ADDRESS:	

### STUDENT DECLARATION

I, hereby declare that all the information provided in this form is true and correct.

STUDENT'S SIGNATURE

DATE

### FOR OFFICE USE ONLY

OUTCOME OF THE REQUEST:  Approved  Rejected

COMMENTS:

ADMINISTRATION  
OFFICER SIGNATURE:

DATE: