



Gold Coast Campuses - Ph (07) 5526 6222 | Brisbane Campuses - Ph (07) 3398 4488 | Email: info@eagleacademy.com.au
 Website: www.eagleacademy.com.au | Xamerg Pty Ltd | ABN 12 095 436 034 | CRICOS No 02480G | RTO 30895

Student Refund Request Form

Student Name: _____

Current Address: _____

Email Address: _____

Certificate: _____ Start Date: _____

Agent: _____ Current tuition week: _____

Reason for cancellation: _____

OSHC

Students wishing to get a refund of OSHC Insurance that has been sourced by the Academy, will be entitled to a pro rata refund (less our administration charge) and the refund will be forwarded separately upon the refund being received by the OSHC provider.

Do you want your OSHC policy cancelled & the excess refunded: Yes / No

ACCOUNT DETAILS FOR REFUND

Refunds will be paid to the student except in the circumstances where a third party paid for the course (e.g. partner, family member or employer) or the academy is directed otherwise by the student. The authorized account details for the refund transfer must be supplied by the student when completing the Refund Request Form.

Account name:	_____		
Name of Bank:	_____		
Bank Address:	_____		
Country of bank:	_____		
BSB:	_____		
Account Number:	_____		
SWIFT code/IBAN:	_____	IFSC (If India):	_____

I have read and understand the refund policy. I understand that the refund will be paid to the account or person that it was originally received from.

Signature: _____ Date: _____

Manager: _____ Date: _____

OFFICE USE ONLY

Date OSHC refund submitted to Allianz:	___/___/___	Date refund received to Eagle:	___/___/___
Total amount received from Allianz:	\$ _____	Date refunded to student:	___/___/___