

REFUND REQUEST – ALTERNATIVE PAYEE

To be used when the refund is to be paid to someone other than the student.

Please **PRINT CLEARLY** using blue or black pen.



A. STUDENT DETAILS

Student name		
Student number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Refund Request form completed
		Yes <input type="checkbox"/>
		No <input type="checkbox"/> You must complete a Refund Request form

B. PAYEE DETAILS INCLUDING CONTACT DETAILS (All fields must be completed. Print clearly)

Name of payee (not student)		
Payee address		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
City	State	Postcode
Country		
Phone number		
Email address		

C. REASON YOU ARE REQUESTING AN ALTERNATIVE PAYEE

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

D. STUDENT SIGNATURE

Signed	<input type="text"/>	Date	<input type="text"/>
	(Student signature)		