



IHNA Refund Form					
1. Personal Details					
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other: <input type="text"/>	IHNA Student ID: <input type="text"/>
Family Name:		<input type="text"/>			
Given Name:		<input type="text"/>			
Mailing Address:		<input type="text"/>			
State:		Postcode:		Country:	
Phone:		Mobile:		<input type="text"/>	
Email:		<input type="text"/>			
2. I would like a refund of my: (please explain)					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
3. I am requesting a refund for the following reasons:					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
4. Have you completed and submitted the 'Course withdrawal form'?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Payment Details					
How was the payment made? (Please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Debit / Credit Card <input type="checkbox"/> Bank transfer					
<input type="checkbox"/> Bank deposit <input type="checkbox"/> Direct Debit <input type="checkbox"/> Other <input type="text"/>					
Invoice No:		Date of Payment:		<input type="text"/>	
Was the payment made on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please provide the Name and Address of the payee to be refunded and their bank account details where the refund is to be credited.					
Payee's Name:		<input type="text"/>			
Address:		<input type="text"/>			
State:		Postcode:		Country:	



What account is the refund to be applied to?					
(Please note: If payment was made by credit card, the refund will be credited back to a nominated bank account only. Payments must be back to the person who paid the fee.) I nominate a bank account to which the refund should be processed:					
Refund Requested to Australian Bank Account					
Account Holder Name					
BSB	-	Account Number			
Refund requested to other than Australian Bank Account (International Payments)					
Account Holder name					
Account Holder Address					
Country		Currency			
Bank Name					
Bank Account Number (or IBAN)					
Bank SWIFT Address					
Bank Address					
<input type="checkbox"/> Conditions of Refund (Please tick this box to fill further)					
<ul style="list-style-type: none"> Refunds are made in accordance with the IHNA Refund Policy. All refunds are finalised within 30 days of the written request This agreement does not remove your right to take further action under Australian Consumer Protection laws or to pursue other legal remedies 					
<input type="checkbox"/> Student's Declaration (all applicants to complete)					
<ul style="list-style-type: none"> I have read, understood and accepted the Conditions of this refund application. I understand that providing inaccurate or incomplete information will delay my refund application. 					
Applicant's Signature				Date	
For Office Use Only					
Student ID:		Name:			
Total Payment received	AUD	Fee deducted by IHNA	AUD	Amount Refunded to student	AUD
Comments/Calculation:					
Approved by Campus Manager/ Registrar		Signature:		Date:	
<input type="checkbox"/> EFT		<input type="checkbox"/> International Payment		<input type="checkbox"/> Direct Debit - refund	
<input type="checkbox"/> Cash		<input type="checkbox"/> Other			
Accounts Approval by		Signature:		Date:	