

# REFUND REQUEST FORM

All persons applying for a refund must completed this refund request form and submit via email to: [info@platinumsafety.com.au](mailto:info@platinumsafety.com.au)

For further information, contact us: PH: 0403 238 411

Note: A \$25.00 administration charge will apply to all refunds

## STUDENT/COMPANY DETAILS

Name: _____			
Address: _____			
Email: _____			
Phone: _____			
I am applying for:	Refund	<input type="checkbox"/>	Credit
		<input type="checkbox"/>	<input type="checkbox"/>

## REQUEST DETAILS

I/we are applying to be refunded for the following:	
Total Amount: _____	
Course details:	
_____	
_____	
_____	
Invoice # _____	
Reasons for applying for refund:	
_____	
_____	
_____	
_____	

## REFUND OPTIONS

Option 1: Refund direct deposit to bank account

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Option 2: Refund to credit card

Cardholder Name: \_\_\_\_\_

Card Type:     VISA                       MASTERCARD

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_      CVV Number: \_\_\_\_\_

## OFFICE USE ONLY

Date received: \_\_\_\_\_

Refund approved:    YES       NO

Refund authorised by: \_\_\_\_\_

Payment date: \_\_\_\_\_

Payment type: Option 1       Option

Reference Number: \_\_\_\_\_