BRIGHTEN INSTITUTE AUSTRALIA



VERSION CONTROL: V1.2

DATE UPDATED: 03072023

L5, 12-14 O'Connell St Sydney NSW 2000 RTO Provider: 41148 ABN: 73 603 367 095

Contact@brighten.edu.au

STUDENT FEE REFUND REQUEST

Student Number:	
First Name:	Family Name:
Phone number:	Email Address:
REFUND DETAILS - I request a	fund of fees paid by the following method
Refund to Australian Bank Account (for payments made by BPAY, cheque, T Bank Name:	BSB Account No. Branch:
Refund to International Bank Accou	t Bank Name:
(for payments made by BPAY, cheque, 7) Bank Branch:
Account holder:	Bank Address:
Account No.:	
Reason for refund request:	Refund amount: \$
Student Signature / Guardian's S (student must sign):	gnature: (guardian must sign if student is under 18 years):
·	of your completed form and sign before
rivacy statement: The information on t cudent fees. The Institute may use the in- our personal information will remain con- uthorized or required by law. You have a exceptions in relevant legislation.	en.edu.au (Brighten Institute Australia L5, 12-14 O' Connell Street, Sydney, NSW2000) s form is collected for the primary purpose of assessing your application for the refund rmation provided in the application to update your personal details in the student syst lential and will not be disclosed to a third party without your consent unless disclosure ght to access personal information that the Institute holds about you, subject to any at information, please consult the Administration, Brighten Institute Australia Privacy o://brighten.edu.au.
	OFFICE USE ONLY
Due date: (28 calendar days fr	
Payment TXN REF:	Date Paid:
Refund Amount: \$	
File Updated to RTO Manager	Refund No. Date:/
Approved by:	Date://
Defend December 11	
Refund Processed by:	
Refund TXN REF:	