



Equanimity Consultants Pty Ltd
 T/A Empyrean Education Institute
 ABN: 70080503091
 16 The Terrace Fremantle
 W.A 6160
 (08) 9228 1600
 www.eei.wa.edu.au
 RTO ID: 52118 CRICOS: 03275D

REFUND REQUEST FORM

Section 1 – Client Details

Name:		Student ID:		Contact Phone:	
Email:					
Course:		Course Date:	/	/	/

Section 2 – Refund Details

I request a refund for the following:

Amount:	\$
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Reason: (Please attach any supporting documentation)

Account Name:		BSB:		Account Number:	
Account Holder Address:					
Bank Name:		Swift Code:			
Bank Address:					
Acknowledgement:	I understand that my request for a refund will be processed in accordance with the EEI Refund Policy.				
Signature		Date:	/	/	/

Section 3 – Authorisation- STAFF ONLY

Please tick the type of Refund:

Withdrawal <input type="checkbox"/>	Transfer <input type="checkbox"/>	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Other (please specify)
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This Refund amount is:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	CALCULATED REFUND AMOUNT \$
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Comments/ Reason for decision / Calculations of Refund

Signed:		Name:		Position:		Date:	
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Admin Use Only

Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/	/	/
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/	/	/
Sent By:		Signature:				