



THE SERVICE TRADES COLLEGE

AUSTRALIA

E_FM01Refund Request Form

PO Box 102, Salisbury, Qld 4107

info@tstca.com.au

07 3255 5698

RTO: 31239

Student/Employer Details

Name of Student/Employer who made the payment:			
Email:		Contact Number:	
Course Enrolled in:		Enrolment Date:	
Amount Paid:		Payment Date:	
Type of Payment:		Invoice Number:	

Reason for Refund Request (please attach any supporting documentation)

Bank Account Details for Depositing Refund

Bank Account Name:			
BSB Number:		Account Number:	
Bank Name:			

OFFICE USE ONLY

Refund Accepted:	<input type="checkbox"/> YES <input type="checkbox"/> NO - if no please state reason _____		
Refund Number Issued:		Date Refund Issued:	
Amount Issued:		Transaction Number:	
Authorised By:		Signature:	