



## 2.07 Refund Request Form

This form is to be used when requesting a refund. Please complete every field and provide as much detail as possible. Should you require more space please add pages as required. Please note refunds will only be paid via electronic transfer. Please nominate an authorized account for deposits.

|  |  |       |  |
|--|--|-------|--|
| Course Enrolled:   |  |       |  |
| Name:  |  |       |  |
| Date of Birth:   |  |       |  |
| Email:   |  |       |  |
| Reason for request:  |  |       |  |
|  |  |       |  |
| Deposit Authorised Account Details:  |  |       |  |
| Account Name:  |  |       |  |
| BSB:   |  |       |  |
| Account No.:   |  |       |  |
| Bank:  |  |       |  |
| DECLARATION:   |  |       |  |
| I acknowledge and declare by signing below that:   |  |       |  |
| <ul style="list-style-type: none"><li>▪ I have read, understand, and agree with the refund policy of MA Training Academy, and</li><li>▪ the information I have provided to the best of my knowledge is true and correct.</li></ul> |  |       |  |
| Signature:   |  | Date: |  |