



REFUND REQUEST FORM

To apply for a refund, please complete all sections of this form thoroughly. Once completed, you can submit it either digitally via email or in person at our main office. Our team is dedicated to processing your request as efficiently as possible.

Please be aware that refunds may take up to 28 days to process. To help avoid any unnecessary delays, double-check that all payment information provided is accurate and complete. We also recommend keeping a copy of the submitted form and any supporting documents for your records. **If you have any questions or need assistance, please contact us.**

PART A: STUDENT DETAILS

| | | | |
|----------------|--|---------------|--|
| Full name: | | | |
| Date of birth: | | Student ID: | |
| Email: | | Phone/mobile: | |
| Course(s): | | | |

PART B: REFUND DETAILS

| | | | |
|---|---|--|---|
| Reason for refund: <i>(Please attach any supporting documentation)</i> | <input type="checkbox"/> Visa refusal | <input type="checkbox"/> Withdraw | <input type="checkbox"/> Other, please specify: |
| | <input type="checkbox"/> Visa renewal refusal | <input type="checkbox"/> Transfer | |
| | <input type="checkbox"/> Visa breach of condition | <input type="checkbox"/> Credit Transfer | |
| | <input type="checkbox"/> Cancellation | <input type="checkbox"/> Deferment | |
| | | | |

Amount: (In \$AUD)

BANK DETAILS OF THE STUDENT/NOMINATED REPRESENTATIVE

| | | | |
|----------------------|--|--------------|--|
| Bank Name: | | Country: | |
| Account name: | | | |
| Account Number: | | | |
| IFSC Number: | | Swift Code: | |
| BSB Number: | | IBAN Number: | |
| Beneficiary address: | | | |

PART C: DECLARATION AND SIGNATURE

I declare that the information provided in this refund request form is true and accurate to the best of my knowledge. I understand that any false information may delay the processing of my refund request.

Student Signature:

Date:



1A/56 Paradise Avenue
Miami, Queensland 4220

www.gic.edu.au
+61 07 55 546 907
info@gic.edu.au

RTO: 45028
CRICOS: 03568B
ABN: 33 612 255 802



REFUND REQUEST FORM

PART D: OFFICE USE ONLY

| | | | |
|----------------|---|--|---|
| Refund type: | <input type="checkbox"/> Visa refusal | <input type="checkbox"/> Withdraw | <input type="checkbox"/> Other, please specify: |
| | <input type="checkbox"/> Visa renewal refusal | <input type="checkbox"/> Transfer | |
| | <input type="checkbox"/> Visa breach of condition | <input type="checkbox"/> Credit Transfer | |
| | <input type="checkbox"/> Cancellation | <input type="checkbox"/> Deferment | |
| Refund status: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Adjusted to: _____ |

| Fee Description: | Amount in \$AUD: |
|---|------------------|
| Amount received | |
| Less cancelation fee | |
| Less application fee | |
| Bank Charges (For International Transfers) | |
| Other deductions (if any): | |
| Total amount of refund: | |

| | | | |
|--------------------------|----------------------------------|---------------------------------|---|
| Refund method: | <input type="checkbox"/> EFT/CC | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit to Students GIC Ongoing Account |
| Refund paid to: | <input type="checkbox"/> Student | <input type="checkbox"/> Agent | |
| Student Records Updated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |

I confirm that I have reviewed and processed this refund request according to GIC's policies and procedures. The information provided by the student has been verified and approved for processing.

| | | | |
|---------------|--|-------|--|
| Received by: | | Date: | |
| Processed by: | | Date: | |

Comments/Notes:
(for internal use only)