

Elite Education Institute Pty Ltd trading as Elite Education Institute

ABN 65 162 298 580 CRICOS Provider Code: 03390A
Head Office & Sydney CBD Campus: Level 6, 8 Quay Street, Haymarket NSW 2000
Tel: +61 2 9211 4958
Website: www.ee.edu.au Email: info@ee.edu.au



APPLICATION FOR REFUND FORM

SECTION A – PERSONAL DETAILS

First Name:	Last Name:
Student ID:	DOB:
Email Address:	
Phone Number:	
Residential Address	
Town/City:	Postcode:
Agent Company Name (if applicable):	

SECTION B – REASON FOR REFUND (Please tick)

<input type="checkbox"/> Visa Rejection	<input type="checkbox"/> Transfer to other institution
<input type="checkbox"/> Other:	

SECTION C – SUPPORTING DOCUMENTS

<input type="checkbox"/> Visa rejection letter <input type="checkbox"/> Letter from accepting institution <input type="checkbox"/> Student letter <input type="checkbox"/> Other:	
Student Signature:	
Date:	

SECTION D BANK ACCOUNT DETAILS

Bank:	Bank Address:
BSB:	Account Number:
Account Name:	SWIFT Code:

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SECTION E – STUDENT DECLARATION

- ☐ I have read and understood the refund policy of Elite Education Institute
- ☐ I have attached all required supporting documents for my refund request.
- ☐ I am aware that submitting false or misleading information may result in delays, rejection of my application, or other consequences as per institutional policy.
- ☐ I accept that processing times may vary and that the refund, if approved, will be processed to the original payment method unless otherwise agreed upon.

Student Signature: _____

Date: _____

SECTION F – STAFF SECTION (OFFICE USE ONLY)

Accounts Verification

Comments: _____

Signature _____ Date _____

Marketing Verification

Comments: _____

Signature _____ Date _____

Principal's Approval

Comments: _____

Signature _____ Date _____

Payment Date _____

Amount Refund _____

Processed By _____