

DP Training & Consultancy RTO #31888 CRICOS # 04071H Ph: +61 1300 130 487 E: info@dptrainingconsultancy.com www.dptraining.com.au

Fee Refund Request Form

Full Name				Date of Birt		
Course						
Commencement d	ate					
Contact number				Email addre	ss	
I wish to apply for course fee refund						
Reason:						
Declaration:						
☐ I have read and understood the Fee, Charges and Refund Policy.						
☐ I have attached all the supporting documents (if applicable).						
☐ If approved, please credit the refund amount into my nominated bank account as below.						
Account Name						
Bank Name						
BSB			Accou	nt number		
Signature				Date		
For office use only						
Refund approved		☐ Yes ☐ N	lo	Refund Amount		
Notes/ Comments						
Approved by						
Signature				Date		

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