

**Elite Education Group Pty Ltd trading as Elite Education Vocational Institute**

ABN 52 160 222 837

CRICOS Provider Code: 03546G

Sydney CBD Campus: Level 5, 770 George St Sydney NSW 2000

Petersham Campus: Level 1, 586 – 590 Parramatta Road, NSW 2049

Phone: 02 9211 4958 Website: <https://vocational.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