

STUDENT DECLARATION AND REQUEST FOR REFUND OF FEES
English Unlimited (EU)

Name: _____
SID: _____ Date of birth: _____
Course studied: _____
Reason for withdrawal: _____

Student's address¹: _____
Parent's Names²: _____
Parent's Address³: _____

</we> the <student/student and parent> have applied for a refund and if <my/our> application is successful </we> do solemnly declare that </we> give permission for <my/our> refund to be paid to by

<input type="checkbox"/> International Bank draft ⁴	<input type="checkbox"/> Cheque ⁵
<input type="checkbox"/> Telegraphic transfer to overseas bank account	<input type="checkbox"/> EFT bank transfer to my Australian bank account ⁵
Account#: _____	BSB _____ - _____ Account#: _____
Account Name: _____	Account Name: _____
Bank Name: _____	
SWIFT Code: _____	<input type="checkbox"/> Credit note
IBAN (If Applicable): _____	

</we> understand that:

- ∞ This application will be processed within 4 weeks of receipt only if </we> have supplied all relevant documents
- ∞ This application is assessed according to the Refund Policy which </we> signed agreeing to the terms and conditions on the application form
- ∞ If the refunds is paid in accordance to the written instructions, and then subsequently claimed by another person including (but not limited to) student, relative, agent, corporation or other person, or otherwise refunded incorrectly by EU, </we> agree to indemnify EU and be personally liable to compensate EU for the full amount of the refund. In addition, </we> agree to indemnify EU any legal or other associated costs which may be incurred by EU in trying to recover the refunded amount.
- ∞ </we> acknowledge and declare that the above is a true statement and by signing below </we> waiver any future claims on EU for any compensation, financial or otherwise.
- ∞ </we> acknowledge that in a case of student visa refusal, by signing below </we> request that this document be taken to be <my/our> course variation request to withdraw from the above named course.

Student Signature: _____
Parent Signature⁶: _____
Date: _____
Witness Name⁷: _____
Signature: _____
Date: _____

Attach Legible Copy of Student or Student & Parent's (if Student under 18) AND Witness Identification forms (Passport, Drivers License etc with legible MATCHING signature panels)

¹ A residential address must be provided as any refunds will be sent by registered mail

² For students under 18 yrs old at the time of their application, any refunds will be forwarded to the student's parent/legal guardian

³ A residential address must be provided as any refunds will be sent by registered mail

⁴ A valid overseas bank account is required to deposit a bank draft

⁵ A valid Australian bank account is required

⁶ If applicant is under 18yrs old at time of course application the parent must co-sign this form (regardless if the student has since turned 18 yrs old)

⁷ This form must be witnessed by an independent person