

ADEPT TRAINING

REFUND REQUEST

Date: (Insert today's date) _____

Name of person to receive refund: _____

Address: _____

Other Contact details: *(email/mobile/phone/fax)* _____

Course enrolled in: _____ Course Code: _____ Course Start Date: _____

Reason for refund

Amount paid for course/service: _____ Date paid: _____ Payment method: _____

Amount of refund less administration fee:
(All refunds attract a \$95 administration fee unless the course is cancelled by Adept Training)

Additional Comments: (optional)

This refund request is in line with Adept Training's Refund and Cancellation policy. *(Please allow up to 14 days to receive your refund cheque.)*

| | | |
|---|------------------------------------|--|
| Adept Training Administration use only | PARTICIPANT VETTRAK ID No.: | |
|---|------------------------------------|--|

APPROVED FOR PROCESSING REFUND: Yes No

| | | | |
|--|-----|----|---------------------------|
| Participant informed of outcome <i>(Relevant Standard Letter sent)</i> | YES | No | Date sent: ____/____/____ |
|--|-----|----|---------------------------|

| | | |
|-------------------------|----------------------|---|
| Refund processed | Cheque No: _____ | Date issued/posted: ____/____/____ |
| | Amt. Refunded: _____ | Completed: <input type="checkbox"/> Filed: <input type="checkbox"/> |
| | Signature: _____ | |
| | Authorised by | |

