

Refund Request Form				Refund No.	
Section 1 – Client Details					
Name:				Date: / /	
Contact Tel:				Mobile:	
Email:					
Course:		Course Date:		/ /	
Section 2 – Refund Details					
I request a refund for the following:					
Invoice Number:					
Amount:		\$			
Reason: (Please attach any supporting documentation)					
Acknowledgement					
I understand that my request for a refund will be processed in accordance with the ECB Refund Policy.					
Signature				Date: / /	
Section 3 – Authorisation					
Please tick the type of Refund:					
<input type="checkbox"/> Withdrawal		<input type="checkbox"/> Cancellation			
<input type="checkbox"/> Transfer		<input type="checkbox"/> Other (please specify)			
This Refund amount is :					
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED		<input type="checkbox"/> ADJUSTED TO \$	
Comments/ Reason for decision / Calculations of Refund					
Refund Method is :					
<input type="checkbox"/> EFT / CCard		<input type="checkbox"/> Cheque		<input type="checkbox"/> Credit to Corporate Account	
Signed:				Position:	
Print Name:				Date Processed:	
Admin Use Only					
Logged in Refund Register:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: / /	
Logged By:				Signature:	
Formal Letter/Email Sent:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: / /	
Sent By:				Signature:	