

REFUND REQUEST FORM

To obtain a refund from AMEB Qld, please complete this form and send payments.ameb@ged.qld.gov.au to with supporting documentation. Refunds will only be made to the enroller. T & C's apply.

CANDIDATE DETAILS			
Candidate No.:		Candidate Name:	
Subject & Grade:		Subject Code:	Fee paid:

Refund due to:	Medical Reasons	Extenuating Circumstances
Reason for refund:		

Please attach medical certificate and/or supporting documents.

(Refund excludes additional paid administration fees such as wait list fees, transfer fees, change of enrolment fees etc.)

Return of Goods	Return Reason:	Fee paid:
-----------------	----------------	-----------

Please attach proof of purchase (refund excludes postage and handling).

DETAILS	
Enroller No.:	Name:
Address:	Postcode:
Email Address:	

(The refund cheque will be made payable to the enroller only, or refunded via BPoint if paid via BPoint.)

OFFICE USE ONLY		
Sale ID:	Refunded Schedule No:	Date:
Refunded amount:	File Reference:	
Refunded via: Cheque BPoint		

Officers Signature: _____