

REFUND REQUEST FORM

Please complete this form to request a refund and email the form to enquiries.ameb@ged.qld.gov.au with supporting documentation.

Please Note:

- Refunds will only be made to the payee.
- If payee details are incomplete, AMEB Qld will issue a cheque to the enroller.

ENROLLER DETAILS	
Enroller No.:	Name:

PAYEE BANK DETAILS	
Account Name:	Contact Number:
BSB No:	Account No:
Home Address:	Postcode:
Email Address:	

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

REFUND DETAILS
Refund due to: <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Extenuating Circumstances <input type="checkbox"/> Return of Goods
Reason for refund:
Please note: <ul style="list-style-type: none"> • If refund is due to medical reasons, please attach medical certificate and/or supporting documents. • If returning goods, please attach proof of purchase (refund excludes postage and handling). • Refund excludes additional paid administration fees such as wait list fees, transfer fees, change of enrolment fees etc. • Ts & Cs apply. For the full policy please refer to the AMEB Qld Enrollers' Handbook

OFFICE USE ONLY		
Sale ID:	Refunded amount:	Date:
Refund Schedule No:	File Reference:	Paid by: SSQ <input type="checkbox"/> Bpay <input type="checkbox"/> Other <input type="checkbox"/>
Customer Service Officer Signature:		