

# AUSTRALIAN AGRICULTURAL TRAINING

## Refund Application



Family Name:	Given Name/s:
Student ID:	Date of Birth:(dd/mm/yyyy)    /    /
Course:	Email Address:
Address in Australia:	Town:
Telephone:	Mobile:

Submission Date:

I wish to request a refund for the following reason:

(please supply supporting evidence for you claim for refund and attach to this application)

The course fees :..... The receipt number::.....

Date paid:.....

### Office Use Only:

Date Application received:
Supporting evidence was supplied:    Yes    No    Amount Requested: \$.....
Approved:            Yes            No
Reason:
Training Manager Signature:
CEO Signature:

**Please return completed form to:**  
Australian Agricultural Training  
15 Colony Crescent  
Dubbo NSW 2830

**or email the Managing Director at:**  
[phillipward-aat@bigpond.com](mailto:phillipward-aat@bigpond.com)