

Surname

**Course Title** 

## **SpraySMART**

Trainer Services Pty Ltd RTO: 40867

T/as SpraySMART, Sydney Training Services and Rural Training Services

## **Refund Request Form**

**Student Refund Request** First Given name **Course Code** Reason for request

All persons applying for a refund must complete this Refund Request form\*

Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits: Account Name BSB: Acc No.

I authorise refunded amounts to be deposited into the above nominated account. Signature Date

**CEO** Action Name:

Action: Approved Not approved Reason for decision

Signature Date

> Please return to **SpraySMART** P.O. Box 367 Kurrajong NSW 2758 dan@spraysmart.com.au

\*An administration fee of \$15.00 plus GST may apply to some refunds.

Refund Request Form Dan Austin Ver 01/2020