

Request for

# REFUND/ CREDIT ADJUSTMENT

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

## REPRESENTATIVE INFORMATION (if applicable)

Agent name/contact person RUIFENG CAI	
Country China	
E-mail jinjiahong@jinjiahong.com	
Telephone (86)18933118855	Fax
Agent signature:	

## Original payment method

Initial payment via <input type="checkbox"/> EFTPOS <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card (Mastercard/ Visa)** <input type="checkbox"/> FEE-HELP **Payment made by credit card will be returned to the same credit card. If the credit card is lost or expired, we will refund it by cheque. Provide the details below.	
Card number (first 4, last 4 digits only) ---- XXXX XXXX	
Bank details different from Agent/Student (Mandatory) <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' please attach authorisation email from agent/student providing permission to refund agreed amount into account below).	
Bank name BANK OF COMMUNICATIONS (JIEYANG BRANCH)	
Bank address HUANGQISHAN ROAD RONGCHENG DISTRICT JIEYANG GUANGDONG CHINA	
SWIFT code COMMCNSHJYG	
Account holder name CAI RUIFENG	
BSB number	Account/ IBAN number 6222620740000875968
Bank details verified (Mandatory) <input type="checkbox"/> Yes <input type="checkbox"/> No	

## STUDENT DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):	
Family name CAI	
First name(s) ZICHAO	Date of birth (d/m/y) 10/30/1998
Enrolment ID UoAC10596718	Student ID a1896538

## Enrolment details

Program	Stream
Course Completion Date	

## If cheque recipient's postal address (if applicable)

Full address	
City	Postcode
Country	

## REFUND/ ADJUSTMENT DETAILS

Refund/ adjustment amount requested	
Reason (please tick one): <input type="checkbox"/> Request to withdraw prior to commencement <input type="checkbox"/> Offer of enrolment withdrawn <input type="checkbox"/> Request to withdraw post commencement <input type="checkbox"/> Visa cancellation/delayed <input type="checkbox"/> Overpayment <input type="checkbox"/> Scholarship <input type="checkbox"/> Other (please state):	

## STUDENT DECLARATION

I declare that the information I have provided on this form is true and correct. I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my application may delay the processing of my refund.	
Signature <b>CAI</b>	Date

Privacy: We recommend that you read the College's Privacy Policy published on our website [www.college.adelaide.edu.au/legal](http://www.college.adelaide.edu.au/legal)

## OFFICE USE ONLY

Invoice number(s)		Receipt number (to be refunded)		AUDIT/NIRD number (for credit card refund)	
Fees paid:	Non-refundable amounts (e.g. administration/enrolment fee):	Extra charges to be invoiced (e.g. late fee/change fee/credit adjustment fee):		Total refund:	
OSHC Cancellation Required (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Note: can only be cancelled before the student has started studying. OSHC can not be refunded by Kaplan after the policy has been processed. The student will need to contact their health provider directly to organise a cancellation and refund if eligible.					
Prepared by	Date	Approved by	Date		
Head office authorisation	Date	Processed by (print name)	Date		