



Gold Coast Learning Centre
(Level 1) 18-22 Orchid Avenue
SURFERS PARADISE. GOLD COAST. 4217
PH +61 (07) 55316788
FAX: (07) 55389188
info@goldcoaststudy.com
www.goldcoaststudy.com
ABN 94 142 082 255
CRICOS NO: 03268c
RTO NO: 32285

Refund Authorisation Form

SECTION 1 – Personal details

Student number: _____
Email address: _____
Family Name: _____
Given Name: _____
Date of Birth: _____
Mobile Phone: _____
Mailing address: _____

SECTION 2 – Authorised person's details

Email address: _____
Family Name: _____
Given Name: _____
Date of Birth: _____
Mobile Phone: _____
Mailing address: _____

Relation to student: _____
Bank State Branch (BSB) Number: _____
Bank Account Number: _____
Bank Account Name: _____

SWIFT/Fedwire/ABA Code: _____
Bank/Sort Code: _____
Recipient Account Number/IBAN: _____

Document Date:	9/26/2022	Document Version	1	Form Number: 27
Document Owner:	Chief Executive Officer	File Name/Location:	T:\FORMS\Working Copies\Refund Authorisation Form.docx	Page 1 of 2



Gold Coast Learning Centre
(Level 1) 18-22 Orchid Avenue
SURFERS PARADISE. GOLD COAST. 4217
PH +61 (07) 55316788
FAX: (07) 55389188
info@goldcoaststudy.com
www.goldcoaststudy.com
ABN 94 142 082 255
CRICOS NO: 03268c
RTO NO: 32285

SECTION 3 – Student declaration (please tick)

I declare that by signing this form I understand that:

I hereby authorise the persons stated in Section 2 to accept the refund on my behalf

Student signature

Date

Authorised person's signature

Date

OFFICE USE ONLY – this section is to be signed by an Enrollments officer when the course has been deferred.

Enrollments Officer (print name)

Signature

Date

OFFICE USE ONLY – this section is to be signed by a Curriculum Compliance officer when the CoE(s) has been changed.

Compliance Officer (print name)

Signature

Date

Document Date:	9/26/2022	Document Version	1	Form Number: 27
Document Owner:	Chief Executive Officer	File Name/Location:	T:\FORMS\Working Copies\Refund Authorisation Form.docx	Page 2 of 2