

Phoenix Academy 223 Vincent St, West Perth WESTERN AUSTRALIA 6005 PO Box 256, Leederville Tel + 61 8 9235 6000

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REFUND & WITHDRAWAL FORM

Student ID:		
Personal Details:		
Family Name:	First Name:	
Date of birth:(DD/MM/YYYY)	Email Address:	
Address:		
Suburb:	Postcode:	
Telephone number:	Mobile number:	
Course Details:		
Name of course:		
Last day of attendance in course:		
Reason for withdrawal:		<u> </u>
3. Authorisation letter is required if the refund am Refund Methods: 1. Electronic Funds Transfer (Australian Bank account ON 2. Telegraphic Transfer (Overseas Bank Account) Account holder's Name:	LY)	
BSB (Australia Only):	Account number:	
Account holder's Address:		
Bank name:		
Bank address:		
SWIFT code/ IBAN:		
Payment currency:		
Student Name: Studen	nt signature:	Date:
Guardian name: Guard (Students under 18 years old only)	ian signature:	Date: