

# Komatsu Training Academy – Refund Request Form

KTA301

<p><b>Note:</b> All refund requests are subject to Komatsu Training Academy refund policy. Submission of a refund request does not automatically imply a refund will be approved. Each request will be processed individually to determine eligibility.</p>		
<p><b>Participant Details</b></p>		
<p><b>Family Name:</b></p>	<p><b>Given Name:</b></p>	<p><b>Phone:</b></p>
<p><b>Mobile:</b></p>	<p><b>Email Address:</b></p>	
<p><b>Postal Address:</b></p>		<p><b>Course Title/Code:</b></p>
<p><b>Reason for Request</b></p>		
<p><b>Applicant</b></p>	<p>1. Participant withdrawal prior to the start of study date</p> <p>2. Participant withdrawal on or after study date</p> <p>2 (a) Participant choice</p> <p>2 (b) Units cancelled by employer</p> <p>2 (c) Credit transfers approved (after start of study date).</p> <p>2 (d) Medical circumstances (supported by doctors' statement)</p> <p>2 (e) Family circumstances (supported by a statement from KTA mgr. or equivalent)</p> <p>2 (f) Employment related issues (supported by employers' statement)</p> <p>2 (g) Course related circumstances (supported by a statement from KTA Manager. or equivalent)</p> <p>Other (please state) _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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Third Party Details (if applicable)			
<input type="checkbox"/> Organisation/Employer <input type="checkbox"/> Individual		ABN/Date of Birth	Name:
Email Address:		Phone:	Mobile:
Postal Address:		State:	Post Code:
Participants Only:			
Refund payable to:		State:	Post Code:
<input type="checkbox"/> Direct bank account deposit:		<input type="checkbox"/> Account Holder/s	BSB:                      Acc Number:
Banking Institution Name:		Bank Address:	
<input type="checkbox"/> Credit Card Refund			
Name on Credit Card: _____      Expiry Date: _____      CCV/Security Code: _____			

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<b>Confirmation:</b>	
<input type="checkbox"/> I certify that the information on this form is correct and complete.	
Participant/Organisation Name: _____ Signature: _____ Date: _____	
Parent or Guardian Name: _____ Signature: _____ Date: _____	
(if participant is younger than 18yrs of age and/or is in the care of a parent or Guardian)	
<b>Office Use only</b>	
Refund Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by: _____ Signature: _____ Date: _____ Refund approval amount \$ _____	If <b>no refund is approved</b> state reason:
Refund approval amount \$ _____ <b>Less Admin Fee:</b> If applicable \$ _____ <b>Total Refund to be paid:</b> \$ _____	Refund processed by (Finance Officer) Name: _____ Signature: _____ Date refund was processed: _____
KTA complies with the Right to information Act 2009, we will not public disclose or use for purposes other than required to provide this service request.	