FM - AC16 REQUEST FOR REFUND



Refunds can only be paid in limited circumstances. A reference to these circumstances is outlined in the VETASSESS Refund Policy available online at www.vetassess.com.au. If you wish to withdraw your application or seek a refund from VETASSESS, you must complete this form. If your application is approved, refunds will be made in Australian dollars and will be credited to the same account the payment was made to VETASSESS. If you paid by Bank cheques/drafts you will be refunded to your nominated credit card or bank account. Allow four weeks for processing.

Please use a pen, and write neatly in English using	g BLOCK L	ETTERS.										
APPLICANT FAMILY NAME (SURNAME):												
APPLICANT GIVEN NAMES:												
DATE OF BIRTH (DD/MM/YYYY):	/	/	File No:									
ADDRESS:			•									
TELEPHONE NUMBER:	(AREA CODE)										
MOBILE/CELL NUMBER:	(AREA CODE)										
EMAIL ADDRESS:												
Refund for my application fee for the ☐ Skills Recognition – Professional Occu			gram: tic	k wh	nere	app	olica	ble	belo)W ⊻	1	
OR	иристопа	,										
Other program/service (please state)												
REASON FOR REFUND Please include any information which m considered on a case by case basis and example, illness/accident – medical cert	must be	e suppo	rted with	acc	omp	oany	/ing	doc	ume	ents	, for	e
HOW TO SUBMIT THIS FORM? Please print, complete and sign this for refund@vetassess.com.au Applicant signature and date	m. Emai	l or sca	n a copy c	of th	e co	omp	lete	d fo	rm t	:0:		
SIGNATURE			Г	DATE								