

Refund Application Form



Name		
Address		
Phone		
Email		
Organisation		
Qualification / Course		
Date of Withdrawal		
Enrolment status	Please tick box	
I have commenced my course		
I have not commenced my course		
I currently owe fees and want them reconsidered		
Reason for refund request		
Signed		Date
Printed name		

Office use only

Processed by	
Signature	
Printed name	
Date	

Please email your completed form to learning@superannuation.asn.au

Alternatively you can post it (marked private and confidential) to:

Compliance and Administration Officer

ASFA Learning, Level 11, 77 Castlereagh Street, Sydney, NSW 2000