INSCOPE training
RTO 40926

Refund Request Form

REFUND REQUEST FORM			REFUND NO.
SECTION 1 – CLIENT DETAILS			
Name:		Date:	
Contact Tel:		Mobile:	
Email:			
Course:		Course Date:	
SECTION 2 – REFUND DETAILS			
I request a refund for the following:			
Invoice Number:			
Amount:	$		
Reason (please attach any supporting documents):			
ACKNOWLEDGEMENT			
I understand that my request for a refund will be processed in accordance with Inscope Training's Fees and Refund Policy.			
SIGNATURE		**DATE**	

SECTION 3 – AUTHORISATION

Please tick the type of refund:

☐ Withdrawal ☐ Cancellation

☐ Transfer ☐ Other (please specify): _____

This Refund amount is:

☐ Approved ☐ Denied ☐ Adjusted to $ _____

Comments/ Reason for decision / Calculations of Refund: (reference section in Fees and Refunds Policy)

Refund Method:

☐ EFT	☐ Stripe	☐ Apple Pay	☐ Google Pay	☐ PayPal	☐ After Pay

Signed:		Position:	
Print Name:		Date Processed:	

ADMIN USE ONLY

Logged in Refund Register:	☐ Yes ☐ No	Date:	
Logged by:		Signature:	