

Refund Request Form

By completing this form, you are requesting to apply for a full or partial refund from New first Pty Ltd .
Each refund request is reviewed upon its own merits in line with New first Pty Ltd Refund policy and procedure.
This form must be submitted to the Accounts Manager of New first Pty Ltd :

- Accounts Manager: Kelly Ding
- Email: admin@newfirsttraining.com.au
- Phone: 02 8542 0099

A written reply will be sent to you within five (5) business days with the determined outcome. If successful, a refund will be made as per the Refund policy and procedure.

Student Name:		Date:	____/____/____
Company Name:			
Email Address:		Contact Number:	
Street Address:		Invoice Number:	
Amount Paid:		Amount Claimed:	

In the box below, please provide details of the reason for requesting a refund.

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I hereby declare that all details in this request are true and accurate.	Signature:	
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OFFICE USE ONLY

Received by:		Date:	____/____/____
Returned materials have been received in an acceptable condition	Yes / No	If No, Why:	
Refund Approved:	Yes / No	If No, Why:	
Authorised by:		Refund Number:	
Amount Refunded:		Refund Issued Date:	____/____/____

Related Standard/s: Clause 5.3