

PAYMENT PLAN FORM

Surname:		First Name:	
Address: (Postal)			
		Post Code:	
Email:			
Phone No:		DOB:	
Signature:		Date:	
ID Provided:			

PLEASE ENCLOSE A COPY OF YOUR DRIVER'S LICENCE FOR IDENTIFICATION

BANK DETAILS			
Name of Bank:			
Account Name:			
BSB:		Account No.:	

REFUNDS WILL BE MADE BY ELECTRONIC FUNDS TRANSFER (EFT)

Providing all necessary details have been received from students, refunds will be assessed by the Director of Cape Training and Assessing (CAPE) at his or her sole discretion. The amount that will be refunded will be in accordance to the conditions of CAPE's Refund Policy.

Unless otherwise directed the refund shall be paid directly to the person who contracted with CAPE.

Students will be notified in writing of the amount they will be refunded, and details of any fees deducted.

Return form to Cape Training and Assessing via: Email: admin@capetraining.com.au
OR Post: PO Box 1248 Busselton, WA 6280

OFFICE USE ONLY					
Receiving Officer:					
*Notify requestor if form not completed correctly				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Received	/	/			
Refund approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount:	\$	
Applicant notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Date Funds Transferred:	/	/			