



Personal Details	
Title	
First Name	
Last Name	
Company	
Address	
Suburb	
Postcode	
State	
Phone Number	
Fax Number	
E- Mail Address	

Course Details	
Course Name	
Start Date	
Date of Notification to ME Training of Intention to Cancel	
Reason for Cancellation	
Signature	

Finance Use Only			
Original Payment Method			
<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Credit Card	<input type="checkbox"/> BPay	<input type="checkbox"/> Cheque
<input type="checkbox"/> WBA - PayWay	<input type="checkbox"/> Other (please explain further below)		
<input type="checkbox"/> CBA - CommBiz			
<input type="checkbox"/> M-Powered			
Date form received:			
Person actioning refund:			
Refund Date:			
Refund Method:			