



## REQUEST FOR REFUND

### 1. PERSONAL INFORMATION

ACEM MEMBERSHIP NO: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB/CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

### 2. REQUEST PARTICULARS

FEE TO BE REFUNDED: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please ensure that all supporting documentation (e.g. medical certificate) is attached to this form.*

### OFFICE USE ONLY

DATE FEE PAID: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

#### Refund calculation

Fee paid	\$	_____
less Administration fee (\$50)	\$	_____
less other applicable deductions	\$	_____
<b>Refund due:</b>	<b>\$</b>	<b>_____</b>

Refund Approved?  Yes  No

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF REFUND: \_\_\_\_\_ REFUND METHOD: \_\_\_\_\_

PLEASE FORWARD REQUEST FOR REFUND TO:

Finance Unit, ACEM, 34 Jeffcott Street, West Melbourne VIC 3003 OR [accounts@acem.org.au](mailto:accounts@acem.org.au)