



**PROFESSIONAL PILOT TRAINING  
STUDENT WITHDRAWAL AND REFUND  
FORM SF20.9A015**

**STUDENT DETAILS**

(Circle one) International student/ OR Local student?  
Family Name: Given Name:  
Mobile Number: Email:  
Postal Address: Postcode:

**ENROLMENT DETAILS**

Course Code and title: \_\_\_\_\_  
PPT Course name connected to your schedule of fees \_\_\_\_\_  
Reason for withdrawing from training: \_\_\_\_\_

**Reason for Refund Request**

Reason for your refund request \_\_\_\_\_

**Refund Details (Bank Transfer)**

Payee Name \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Payment Type (circle one) **Cheque** **EFT Payment**  
Bank Name \_\_\_\_\_  
Bank address: \_\_\_\_\_ Date: \_\_\_\_\_  
BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

Refund (please ✓): Paid ☐ Not Paid ☐ Date Paid \_\_\_\_\_

CEO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On Completion submit this form to:

Professional Pilot Training Pty Ltd  
Email: [cao@ppt.net.au](mailto:cao@ppt.net.au)  
[www.professionalpilottraining.com.au](http://www.professionalpilottraining.com.au)  
PO Box 160 or 45 Aviation Drive,  
Coffs Harbour NSW 2450  
PH: +61-2-66515199 Fax: +61-2-66515133  
RTO ID: 45143 CRICOS ID: 03599F  
ACN: 105 360 834 ABN: 77 105 360 834