

Course Refund Form

First name: _____
Last name: _____
Phone number: _____
Email address: _____
Reason for refund request: _____

Bank details

Bank account number (IBAN): _____
Account name: _____
BIC/SWIFT code bank: _____

Student signature: _____ Date: _____

Employee name: _____
Employee Signature: _____ Date: _____
