

Refund Request Form

Please complete the form and return it by email to <u>admissions@cityandguildsartschool.ac.uk</u>

Applicant's details	S	
Given name:	Other names:	Family name:
Course:		Year:
Amount of refund due:	£	
Bank account details a refund is to be made to (should be same as the original payment method used in a charge) Beneficiary Name		
Beneficiary Account Number		
Beneficiary Account Sort Code		
Signature:		Date: