



7 day Cooling Off

Refund Request Form

Member's Details

First name:

Surname:

Contact number:

Email:

Certification

If approved, I would like my refund to be processed into:

Visa

Mastercard

Cardholders name:

Cardholders signature:

Date:

Card Number:

Expiry:

Reason for Refund

Authorisation

I have read and accepted the Cockburn ARC Terms and Conditions. I acknowledge that I will be contacted within 48 hours to advise me of the outcome of the refund request.

Office Use Only:

Time:

Date: