

Refund Request Form

Refund Request Form	
Closed Centre Name	Closed Centre Code
Learner name	Learner ID
Learner Address	I declare that the details enclosed are accurate and correct. (Learner signature)
	Claimant Signature
	Date
Value of Claim	£
Preferred Payment Method (please tick) Cheque <input type="checkbox"/> BACS <input type="checkbox"/> (for BACS payments please supply details below) Bank Name Bank Address Account Name Account No	Reasons
Proof of claim must be attached. Please provide proof of payment made to closing centre. Suitable proof of payment includes: invoice, receipt, bank statement, or copy of the Learning Agreement showing the amount paid.	
Please note: Ufi Limited is prepared to acknowledge this claim and where appropriate will arrange payment to cover the value of this claim. Ufi Limited does not accept any liability with regards to the circumstances to which this claim arose, undertaking this action is a 'goodwill' gesture to ensure no financial loss to the claimant.	
Investigated by:	
Name	Job Title
	Date
Authorisation :	
Name	Job Title
	Date