

T: 08 8959 5295

M: [alicesprings.accommodation@cdu.edu.au](mailto:alicesprings.accommodation@cdu.edu.au)

W: [cdu.edu.au](http://cdu.edu.au)

## ACCOMMODATION REFUND FORM

**Please complete this form and email it to [alicesprings.accommodation@cdu.edu.au](mailto:alicesprings.accommodation@cdu.edu.au)**

**Please Note:** Allow 7-10 working days after your check out date for your refund to be processed to your nominated credit card or bank account. All contract requirements must have been met for the refund to be processed.

Refunds are required to be processed to the same credit card or bank account from which the original payment was made. If this is not possible, please contact us for an alternative arrangement.

### PERSONAL INFORMATION

Family name: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date you submitted this form: \_\_\_\_\_ Email: \_\_\_\_\_  
Room no.: \_\_\_\_\_

Refund to credit card

Visa

Mastercard

Card no.: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Charles Darwin University, Alice Springs Campus, 10 Grevillea Drive (P.O. Box 795) Alice Springs NT 0871

CRICOS Provider No. 00300K (NT/VIC) | 03286A (NSW) RTO Provider No. 0373

TEQSA Provider ID PRV12069 | ABN 54 093 513 649

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E [alicesprings.accommodation@cdu.edu.au](mailto:alicesprings.accommodation@cdu.edu.au)

Bank name and  
Branch:

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BSB:

Account  
no.:

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Name of Account  
Holder:

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Refund to Australian bank account

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**OFFICE USE ONLY**

Date processed:

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Room inspection sufficient

Amount refunded:

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Charges added

Booking ID:

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