

Please complete this form to request your refund.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialled

Return your fully completed form and ALL required documents by:

- Post: GPO Box 5099 Brisbane QLD 4001
 in person: [QBCC Service Centres](#) are listed on our website
 Email: poolssafety@qbcc.qld.gov.au
 Online: Lodge via [myqbcc](#)

1. LICENSEE DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="text"/>	Other	Pool safety inspector number			
Surname	<input type="text"/>									
First names	<input type="text"/>									
Phone	<input type="text"/>				Mobile	<input type="text"/>				
Email	<input type="text"/>									

2. SITE DETAILS

Certificate number	<input type="text"/>					Lot/plan number	<input type="text"/>				
Address	<input type="text"/>										
Suburb	<input type="text"/>										
State	<input type="text"/>		Postcode	<input type="text"/>							
Local government authority	<input type="text"/>										

3. REASON FOR CANCELLATION

Reason Duplicate Administrative error System error

4. ELECTRONIC FUNDS TRANSFER (EFT) DETAILS

Account name	<input type="text"/>																
Bank	<input type="text"/>																
BSB	<input type="text"/>				Account number	<input type="text"/>											
Amount	\$	<input type="text"/>				<input type="text"/>											
Amount in words	<input type="text"/>																
	<input type="text"/>																

Please sign and date to request refund

Signature

Date / /

OFFICE USE ONLY	This is to certify that this expenditure is necessary and is approved within delegation		D	D	M	M	Y	Y	Y	Y
	Signature of person authorised to approve expenditure	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Position title	<input type="text"/>								