



# Refund Request – Top-Up Account Closure

Please complete this form to request your refund.  
Return it by email [notifiablework@qbcc.qld.gov.au](mailto:notifiablework@qbcc.qld.gov.au)  
or by post GPO Box 5099, Brisbane QLD 4001

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## LICENSEE DETAILS

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Name

Occupational Licence Number

Address

Telephone

Email

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## EFT - ELECTRONIC FUNDS TRANSFER DETAILS

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Account Name

Bank

BSB

Account number

Please sign and date to request  
refund

\_\_\_\_\_

Signature

Date     /     /

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## FOR OFFICE USE ONLY

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This is to certify that this expenditure is  
necessary and is approved within  
delegation

\_\_\_\_\_

(Person authorised to approve expenditure)

\_\_\_\_\_

Position

Date     /     /