



# Refund Request – Top-Up Account Closure

Please complete this form to request your refund.  
Return it by email [topuprefund@qbcc.qld.gov.au](mailto:topuprefund@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 \_\_\_\_\_ Date    /    / \_\_\_\_\_  
Signature

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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 \_\_\_\_\_ Date    /    / \_\_\_\_\_  
(Person authorised to approve expenditure)

\_\_\_\_\_ Position