

PERSONAL INFORMATION

| | | | |
|--------------------------------|--------------|------|---------------------------|
| Application date | | | |
| Title | First name | | |
| Last name | | | Preferred name (optional) |
| Address | | | |
| Suburb/area | Postcode/ZIP | City | |
| State/province | Country | | |
| Business hours phone | Email | | |
| Mailing address (if different) | | | |
| Suburb/area | Postcode/ZIP | City | |
| State/province | Country | | |

MANDATORY

Are you a CPA Australia member?

Yes No

CPA Australia Membership ID

COURSE AND SUBJECT

REQUEST FOR CANCELLATION

| | |
|---|--|
| Please outline the reason for applying for cancellation | |
| If you are submitting evidence along with this form please list the items | |
| Do you require a support person during this process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (if yes please provide details of nominated person) | |

By signing where indicated below, I acknowledge that I have read the Privacy Policy and Statement at cpaaustralia.com.au/privacypolicy and consent to my personal information being collected, held, used and disclosed in the way and for the purposes stated there.

Signature

Date

| | | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|--|
| | | / | | | / | | | | | |
|--|--|---|--|--|---|--|--|--|--|--|

PLEASE SUBMIT YOUR COMPLETED FORM TO:

Email: RTO@cpaaustralia.com.au
Post: RTO Manager – Cancellation Request
CPA Australia
GPO Box 2820
Melbourne, VIC 3001
AUSTRALIA

TO BE COMPLETED BY CPA AUSTRALIA

APPLICATION FOR CANCELLATION

Approved Declined

Reason for outcome
(if applicable)

Refund Amount:
(if applicable)

(less \$50 administration fee per module)

Candidate advised
of outcome?

Yes No

CPA Australia
authorised
representative

Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|