



Refund Request – Top-Up Account Closure

Please complete this form to request your refund.
Return it by email topuprefund@qbcc.qld.gov.au or
by post GPO Box 5099, Brisbane QLD 4001

LICENSEE DETAILS

Name _____

Occupational Licence Number _____

Address _____

Telephone _____

Email _____

EFT - ELECTRONIC FUNDS TRANSFER DETAILS

Account Name _____

Bank _____

BSB _____

Account number _____

Please sign and date to request refund _____ Date ____ / ____ / ____
Signature

FOR OFFICE USE ONLY

This is to certify that this expenditure is
necessary and is approved within delegation _____ Date ____ / ____ / ____
(Person authorised to approve expenditure)

Position