

In lieu of my successful appeal please see below the nominated account to which this refund is to be paid.

College or Centre Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

<b>Bank Name</b>	
<b>Bank Address</b>	
<b>Account Name</b>	
<b>IBAN</b>	
<b>BIC</b>	

E-mail address (*for remittance purposes*): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: **Quality Assurance, WWETB Waterford Training Centre, Waterford Industrial Park, Cork Road, Waterford.**

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**For Official Use:**

Amount Paid € \_\_\_\_\_

I recommend refund of € \_\_\_\_\_ in respect of the above applicant.

Signed: \_\_\_\_\_ Date; \_\_\_\_\_