



AusCheck refund request form

To apply for a refund, complete all sections of this form and:

- email to: AusCheck@homeaffairs.gov.au, or
- mail to: PO Box 25 Belconnen ACT 2616.

Keep a copy of the completed form and any attachments for your own records.

AusCheck will respond to your request within one month.

Contact AusCheck if you have any questions on 1800 287 243.

Section 1: Personal details

Full name of applicant
Date of birth (DD/MM/YYYY)
Application number (if known)
Phone number
Email address
<u>I am (select one):</u> ☐ the applicant ☐ the applicant's authorised representative ☐ an organisation.

If you are submitting this form as the applicant's authorised representative:

Your full name
Your relationship to the applicant
Phone number
Email address

If you are an organisation submitting this form on behalf of the applicant:

Name of organisation
Type of organisation (select one): ☐ the applicant's employer ☐ a responsible entity ☐ the applicant's issuing body.
☐ Other (complete information below):
Phone number
Email address

Original payment method:

Invoice number
Payment date
Amount paid

If the original payment method meets one of the following criteria, please provide bank details below. If it does not meet these criteria and the refund is approved, it will be transferred back to the original payment method:

☐ The payment was made using a card that has since expired. ☐ The payment was made via BPAY. ☐ The payment was made more than 350 days ago. ☐ The payment was made by bank transfer.
Bank details:
Bank
BSB
Account number
Account holders name

Section 2: Type of background check

- ☐ Aviation Security Identification Card (ASIC)
- ☐ Maritime Security Identification Card (MSIC)
- ☐ Critical Infrastructure background check
- ☐ Major National Event background check
- ☐ Global Entry program background check
- ☐ National Health Security background check
- ☐ Card reissue
- ☐ Unknown

Section 3: Please explain why you are requesting a refund:

Section 4: Declaration

This declaration must be completed by the person submitting this form.

I declare that:

- ☐ I am the applicant, or
- ☐ I am the authorised person, and
- ☐ the information provided by me is true and correct.

Signature

Full name

Date