

Please complete this form to request your refund.

Return by email notifiablework@qbcc.qld.gov.au or by post GPO Box 5099, Brisbane QLD 4001

1. NOTIFIABLE WORK DETAILS

Notifiable work
reference no.

Property address

State

Postcode

2. LICENSEE DETAILS

Title

Mr

Mrs

Miss

Ms

Other

Surname

First name

Occupational
licence number

Home phone

Mobile

Work

Email

3. ELECTRONIC FUNDS TRANSFER (EFT) DETAILS

Account name

Financial
institution

BSB number

Account number

Total amount \$

Please state
amount in words

REASON FOR REUND REQUEST

Not notifiable work

Submitted incorrect form

Duplicate

Incorrect details

**PLEASE SIGN
AND DATE TO
REQUEST REFUND**

Signature

Date

D D M M Y Y Y Y
/ /

OFFICE USE ONLY

This is to certify that this expenditure is necessary
and is approved within delegation

Name

Position

Date

D D M M Y Y Y Y
/ /

Signature (Person authorised to approve expenditure)