

## **EXTENSION REQUEST FORM**

## The National Finance Institute

- PAYMENT AUTHORISATION

PO Box 1354, Capalaba Business Centre, Qld 4157 Office 1300 765 400 Facsimile 07 3822 6003 enquiries@financeinstitute.com.au

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Trainee Details Name:	
Address:	
	Post Code:
Telephone:	Bus. Hrs: Mobile:
E-mail:	
Course	
(Please choose)  I have enrolled in a course with The National Finance Institute and request an extension in time of 1 month in which to submit my assessments. I understand the extension request fee is \$50 and I wish to pay for this extension as below.  My course name is:	
Payment	
Total fee:	\$50.00
Credit Card:	Type: (Amex/Visa/Diners/MasterCard, etc.)
Number:	
Expiry Date:	CCV: Name on Card:
Traine	ee name or signature Date:
Your credit card will be processed by the amount above and your tax invoice / receipt will be forwarded by email, once full payment has been made. Your online access will be extended by the applicable time.	
OR, Tick hei	re if payment has been made by PayPal: OR if cheque enclosed:
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Or mail to: PO Box 1354, Capalaba Business Centre, Brisbane Qld 4157