

4

	etails form					2	2024
	upplied on this for			money out of you	ur account.		
Date submitte	ea	EQ ID/	s (if known)				
Student name	e/s					Year levels	
Parent/Guard	ian						
Postal addres	ss						
Town/City						Postcode	
Home phone				Mobile phone			
Email							
Bank accou	ınt details						
Bank account	details for 100% fina	ancially respon	sible parent as	noted on enrolme	nt form. International	bank details are not ac	cepted.
Account name	e						
BSB			_				
Account number		(Maximum nine characters)					
Signature of account holder			Signature panel must be physically or digitally signed by account holder. Signatures cannot be typed.				
	·	-			-	ibility. Banking details a s having 100% fee alloo	
Name (person o	completing form)						
Relationship t	o student						
to enable the pro		and/or refunds.	This may inclu	de, but not limited to		oy Department of Educati aintenance Team, persor	
Return to:							
Postal			Email				
Attention: Accounts Brisbane School of Distance Education GPO Box 1308		accounts@brisbanesde.eq.edu.au					
Brisbane Qld 4001			Note: Please ensure all required signatures are provided.				
Office use of							
New supplie	r Edit s	upplier					
Supplier number				Diri			
Input				BM name	_		
Signature					Date		



Notes

Oneschool (verified)

Entered