



**Australian Government
Department of Immigration and Citizenship**

MHSC REPAYMENT ARRANGEMENTS FORM
FAMILY AND RRV SECTION (MIGRANT HEALTH SERVICES CHARGE (MHSC))

This form is to be completed by the person who paid the MHSC

I, (full name) _____

of address _____

paid a MHSC amount of \$ _____ for:

Details of Visa Applicant(s):

<Applicant's Name>

Client ID Number:

Deposit Slip Number:

In light of an administrative error by the Department of Immigration and Citizenship, I understand that a repayment will be made to me for an overcharge of the MHSC and that this payment will be made by the method I nominate below.

Signature _____ Date ____/____/____

Telephone Number (H) _____ (W) _____ (Mob) _____

Details to Complete for DIRECT CREDIT TO BANK ACCOUNT

Name of Bank or Financial Institution _____

BSB (must be 6 digits)

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Account Number

Name of Account Holder: _____

A refund cannot be processed if the BSB or Account numbers are not correct. If you are unsure about the BSB or Account number, please check with your bank or financial institution.

Details to complete if CHEQUE refund required.

Family Name: _____

Given Name: _____

Postal Address: _____ Town/Suburb: _____

State: _____ Postcode: _____ Telephone: _____

Please return completed form to:

MHSC Officer
Family and RRV Section
PO Box 25
BELCONNEN ACT 2616

Or Fax: 02 6264 1807