

Request for Refund or Test Date Transfer Form

Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness – e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement – death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service.

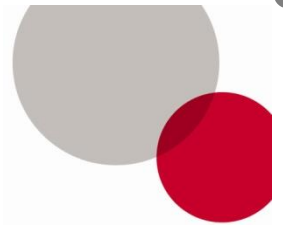
Application Process for Refunds

Candidates must lodge an application for refund no later than five working days after the test date. Candidates must complete a Request for Refund Form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

Refunds – If the candidate's application is approved, the centre will refund the test fee to the candidate. However the centre may deduct an administrative fee (no more than 25% of the test fee).

Transfers – If the candidate's application is approved, candidates must select a test date within the next three-month period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.



Request for Refund or Test Date Transfer Form

Supporting documentation / evidence: Medical
(This form must be accompanied by an original medical certificate.)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation:

Candidate affected on the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Candidate affected at some time prior to the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's name:

Address:

Phone number:

Provider number: (if applicable):

Stamp:

Signature:

Supporting documentation / evidence: Other (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form, it may not be possible for the test centre to process your request.



BANK DETAILS - REFUND FORM
استمارة استرجاع - معلومات بنكية
TO BE COMPLETED FOR CASH PAYMENTS ONLY

CITY		المدينة
CANDIDATE NAME		الاسم
BANK NAME		اسم البنك
ACCOUNT HOLDER NAME (If the account holder is not yourself sign the declaration below)		اسم صاحب الحساب (إذا لم تكن أنت صاحب الحساب فيرحى التوقيع على البيان أدناه)
IBAN		رقم ايبان
SWIFT CODE		رمز السويفت
CANDIDATE EMAIL ID		
TEL/MOBILE NUMBER		رقم الهاتف/الجوال
If the account number mentioned above is not your personal bank account, please sign the declaration below:	إذا رقم الحساب أعلاه ليس حسابك الشخصي, رجاء التوقيع في الخانة التالية:	
I hereby authorise, to receive my refund from the British Council.		
Signature:	Date:	
IMPORTANT: Please attach a copy of a document that shows both the account holder's name and IBAN number. This could be a screenshot or snip from your bank statement, bank app bank card or a letter from the bank certifying that the account number mentioned above belongs to the name mentioned.	هام: يرجى إرفاق نسخة من المستند الذي يظهر كلاً من اسم الحساب - ورقم ايبان. قد تكون هذه لقطة أو قصاصة من بيانات الحساب الظاهرة على كشاف الحساب البنكي أو التطبيق المصرفي بالهاتف أو بطاقة بيانات الحساب أو خطاباً من البنك يشهد بأن رقم الحساب المذكور	
Disclaimer: Missing or incorrect information may result in attempted payments made by the British Council being returned from your bank as unsuccessful. The British Council will accept no responsibility for any delays or loss that occurs as a result.	تنويه: المعلومات الناقصة أو غير صحيحة قد تؤدي إلى فشل محاولة عملية السداد من قبل المجلس الثقافي البريطاني للبنك الذي تتعامل معه. وعليه لن يتحمل المجلس الثقافي البريطاني أية مسؤولية عن أي تأخير أو خسارة تحدث نتيجة لذلك.	
Please note you will receive your refund within a period of 7 to 10 working days , if all details provided are correct.	سوف تسترد المبلغ خلال 7-10 يوم عمل في حال كانت البيانات المعطاة صحيحة.	