



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 threemonth 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

Title: Given names: Surname: Address: Telephone: Email: Test date registered for: Request is for (tick one box): Refund Test Date Transfer IELTS Reference no. Preferred new test date: Candidate statement (to be completed by the candidate) Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space). Candidate signature: Received by: Date: Received by: Date: Received test date Date of prior application Grounds for application Medical Personal Other Int Method as only) Cash Online Card Card at office Paytabs PayTabs Transaction No REJECTED	Personal								
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Request for Refund or Test Date Transfer Form

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

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	ofessional Practitioner Certificate (to be comple te/s of consultation:	ted by medical practitioner)
		portopriato letter\;
	indidate affected on the test day (please circle a	
_	totally unable to sit exam	specify period
В	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
Ε	slightly affected but able to sit exam	specify period
F	unable to assess ability to sit exam	specify period
Ca	indidate affected at some time prior to the test	day (please circle appropriate letter):
Α	totally unable to sit exam	specify period
В	very severely affected but able to sit exam	specify period
С	severely affected but able to sit exam	specify period
D	moderately affected but able to sit exam	specify period
Е	slightly affected but able to sit exam	specify period
F	unable to assess ability to sit exam	specify period
Pra	actitioner's name:	
	dress:	
Ph	one number:	
Pro	ovider number: (if applicable):	Stamp:
Sig	gnature:	
	upporting documentation / evidence: ease specify and attach relevant documentation/ev	: Other (police report, military service notice, death notice).

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 انت صاحب الحساب) (فيرجى التوقيع على البيان أدناه
IBAN			رقم ایبان
SWIFT CODE			رمز السويفت
CANDIDATE EMAIL ID			
TEL/MOBILE NUMBER			رقم الهاتف/الجوال
If the account number menti personal bank account, pleas	oned above is not your se sign the declaration below:	ىلاه ليس حسابك الشخصي, رجاء التوقيع في	اذا رقم الحساب أء الخانة التالية:
I hereby authorise	, to receive n	ny refund from the British Council.	
Signature:		Date:	
be a screenshot or snip fron app bank card or a letter	and IBAN number. This could n your bank statement, bank	من المستند الذي يظهر كلاً من اسم الحساب - هذه لقطة أو قصاصة من بيانات الحساب الظاهرة ب البنكي أو التطبيق المصرفي بالهاتف أو بطاقة طابًا من البنك يشهد بأن رقم الحساب المذكور	ورقم أيبان. قد تكون على كشـف الحسِـاب
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.		أو غير صحيحة قد تؤدي إلى فشل محاولة قبل المجلس الثقافي البريطاني للبنك الذي لن يتحمل المجلس الثقافي البريطاني أية خير أو خسارة تحدث نتيجة لذلك.	عملية السداد من تتعامل معه. وعلية
Please note you will receive 7 to 10 working days, if all d	your refund within a period of etails provided are correct.	بلغ خلال 7-10 يوم عمل في حال كانت صحيحة.	سوف تسترد الم البيانات المعطاة