

# **Request for Refund/Credit Form**

## **UAE Teaching Centres**

#### 1. Student details

| Student name   | Term & Class |  |
|----------------|--------------|--|
| Student number | Nationality  |  |

#### 2. Payment details

| Fee paid         | Receipt<br>number |  |
|------------------|-------------------|--|
| Tax Invoice date | Payment<br>method |  |

#### 3. Please tick ( ) reason for Refund / Credit request

| British Council cancelled class                                |
|--|
| British Council moved class of student                         |
| Student cancelled within 14 days of payment, no class attended |
| Severe medical condition                                       |

#### 4. Please tick ( ) supporting documents attached

| Receipt |
|---------|
|---------|

Medical/sick leave certificate / Other

5. Refunds will be paid via Bank transfer or credited back to your card. Refunds will be processed within 7-10 working days.

| 6. Record of Request               |                                     |  |  |
|------------------------------------|-------------------------------------|--|--|
| Refund/Credit request received on: |                                     |  |  |
| Signed:                            | (Customer) Phone:                   |  |  |
| Signed:                            | (Customer Service Staff)            |  |  |
| 7. For office use only:            |                                     |  |  |
| Course fees paid: AED              | Proportion of course deduction: AED |  |  |
| Total refund/credit amount: AED    |                                     |  |  |

Approved: .....(CSM)

### 8. Customer Services Checklist:

|   | Notes |
|---|-------|
| Completely filled up refund form including reason for refund.             |       |
| Bank Transfer sheet completed.  |       |
| Original Receipt or printed copy (if original is not available)           |       |
| Customer informed that refund will be processed within 7-10 working days. |       |
|   |       |
|   |       |



#### BANK DETAILS - REFUND FORM استمارة استرجاع – معلومات بنكية

| CITY   |  |   | المدينة  |
|--|--|---|--|
| CANDIDATE NAME   |  |   | الاسم  |
| BANK NAME  |  |   | اسم البنك  |
| ACCOUNT HOLDER NAME<br>(If the account holder is not yourself<br>sign the declaration below)   |  |   | <b>اسم صاحب الحساب</b><br>إذا لم نكن انت صاحب الحساب)<br>(فيرجي التوفيع على البيان أدناه . |
| IBAN   |  |   | رقم ایبان  |
| SWIFT CODE   |  |   | رمز السويفت  |
| CANDIDATE EMAIL ID   |  |   |  |
| TEL/MOBILE NUMBER  |  |   | رقم الهاتف/الجوال  |
| If the account number menti<br>personal bank account, pleas  | oned above is not your<br>se sign the declaration below:   | لاه ليس حسابك الشخصي, رجاء التوقيع في   | اذا رقم الحساب أع<br>الخانة التالية:   |
| I hereby authorise   | , to receive r   | ny refund from the British Council.   |  |
| Signature:   |  | Date:   |  |
| <b>IMPORTANT:</b><br>Please attach a copy of a c<br>the account holder's name a<br>be a screenshot or snip from<br>app bank card or a letter<br>that the account number n<br>the name mentioned. | and IBAN number. This could<br>n your bank statement, bank   | من المستند الذي يظهر كلاً من اسم الحساب -<br>هذه لقطة أو قصاصة من بيانات الحساب الظاهرة<br>البنكي أو التطبيق المصرفي بالهاتف أو بطاقة<br>طابًا من البنك يشهد بأن رقم الحساب المذكور | ورقم أيبان. قد تكون ،<br>على كشف الحساب  |
| payments made by the Britis<br>your bank as unsuccessful.  | ation may result in attempted<br>sh Council being returned from<br>The British Council will accept<br>elays or loss that occurs as a | و غير صحيحة قد تؤدي إلى فشل محاولة<br>نبل المجلس الثقافي البريطاني للبنك الذي<br>لن يتحمل المجلس الثقافي البريطاني أية<br>خير أو خسارة تحدث نتيجة لذلك.                             | عملية السداد من ق<br>تتعامل معه. وعِلية ٍ  |
| Please note you will receive<br>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<br>صحيحة.   | سوف تسترد الم<br>البيانات المعطاة  |