

Please tick as appropriate:

Cambridge Assessment International Education (CAIE)	
Pearson Edexcel Examinations	

Please complete the spaces provided below:

Centre number	
Examinations session	
Candidate name	
Candidate number	
Candidate telephone	
Date	

I would like to cancel the following subjects:

Qualification Level	Subject	Code	Paper number (only for Edexcel AS/A2)

Reason for Cancellation:

Cancellation Policy:

- If a cancellation is made before the 'regular entries' deadline, a refund can be considered. Individual subject fees will be refunded, minus an administration charge (25% per subject). Refunds will be processed within five working days.
- No cancellations are possible after the 'regular entries' deadline, except on medical grounds. If a medical reason is given, any refund is subject to approval from the examining board. Medical evidence will be required. The decision of the examining board will then be available by the end of the examination session (mid June). For any refund on medical grounds, an administration fee of KWD 20 per examining board will be deducted.

Please Note:

1. Refunds following cancellations are approved in accordance with the above cancellation policy, for more information contact our customer services.
2. For all refunds, the Civil ID copy of the beneficiary must be attached to the Cancellation Form
3. All refunds are made by cheque payment. Cheques will be issued with a PAYEE ONLY stamp. Please state clearly the name which should appear on your cheque. Otherwise, the cheque will typically be issued in the name of the candidate
4. If a cheque is not collected within 6 months of the issue date, the cheque will be automatically cancelled

Cheque to be issued in favour of

Declaration:

I hereby consent that I will collect/ en-cash the cheque within 6 months from the date of issue.

In the event I am unable to collect/ en-cash the cheque, I fully understand that the British Council will not reimburse me via cash, cheque, bank transfer or any other form of payment after 6 months. I will also not claim for any amounts if the cheque is misplaced/ lost by me.

Candidate Signature: _____ **Date:** _____

For office use:

CS staff Name:

Refund approved by:

WBS:

Amount:

GL Account: