



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.



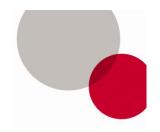
Personal details



Request for Refund or Test Date Transfer Form

Title:					
Given names:					
Surname:					
Address:					
Telephone:					
T.					
Test date registered for	or: / /				
Request is for (tick on	e box): Refund	Date Transfer			
Centre name/number:	1				
Preferred new test da	te: / /				
Candidate state	ment (to be completed by	the candidate)			
	unds for applying for a refund here is insufficient space).	or a test date transfer			
Candidate signature:	1		Da	te· ī	
Received by:			Da	to:	
reconved by.	1		Da	i.e.	
Test centre use only	: Previous Request for Refund	ds/Transfer			
Registered test date	Date of prior application	Grounds for application			
		Medical	Personal	Other	
Request (please selec	et): APPROVED	NOT AF	PPROVED		
Authorised by: (IELTS Administrator)			Dat	re: T	





Request for Refund or Test Date Transfer Form

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

Date/s of consultation	:			
Candidate affected o	n the test day (please circle appr	opriate letter):		
A totally unable to si	t exam	specify period		
B very severely affect	cted but able to sit exam	specify period		
C severely affected b	out able to sit exam	specify period		
D moderately affected	ed but able to sit exam	specify period		
E slightly affected bu	ut able to sit exam	specify period		
unable to assess ability to sit exam		specify period		
Candidate affected a	t some time prior to the test day	(please circle appropriate letter):		
totally unable to sit exam		specify period		
B very severely affect	cted but able to sit exam	specify period		
c severely affected by	out able to sit exam	specify period		
D moderately affected	ed but able to sit exam	specify period specify period		
E slightly affected bu	it able to sit exam			
unable to assess ability to sit exam		specify period		
Practitioner's name: Address:				
Address:	pplicable):	Stamp:		

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.

Cheque to be issued in favour of					
Declaration					
Declaration					
 Refunds are made in accordance with the approved refund policy, for more informatic please contact our customer services. Refunds will be made by account payee cheque. 					
2. Refunds will be made by account payer eneque.					
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 not reimburse me via cash, cheque, bank transfer or any other form of payment after 6 months. I also not claim for any amounts if the cheque is misplaced/ lost by me.					

Date:



2 Eisa Abdullah Bahman Street Mansourya Kuwait

Tel: 22515512 Fax: 22520069

Signature:

info@kw.britishcouncil.org www.britishcouncil.org/me