



# Request for Refund or Test Date Transfer Form

## Personal Details

Title:				
Surname:		Given Names:		
Address:				
Telephone:				
Email:				
Test Date Registered for:		Venue:		
Request is for (tick one box):	<input type="checkbox"/> <b>Test Date Transfer</b>	<input type="checkbox"/> <b>Refund</b>		
Request is for (tick one box):	<input type="checkbox"/> <b>Refund test fee</b>	<input type="checkbox"/> <b>Refund practice materials</b>		
Preferred new test date:	<input type="text"/>	(first choice)	<input type="text"/>	(second choice)
Preferred test venue:				
<i>If you paid using a <b>credit card</b>, please note that we will refund your credit card and not your bank account.</i>				

Bank details for refund request (only if paid by bank transfer):

Account holder:	
Bank Code:	Bank name:
IBAN:	
SWIFT CODE:	

## Candidate Statement (to be completed by the candidate; please use reverse page or include an additional sheet)

Please detail your reasons for applying for a refund or a test date transfer:

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I herewith confirm I have read and agree to the British Council Cancellation and Refunds Policy.

\_\_\_\_\_ (please sign and date here)

## Test Centre Use Only:

Received by:	Date: / /
Request: <input type="checkbox"/> approved / <input type="checkbox"/> not approved	Authorised by:
	Date: / /

(please circle)

(IELTS Administrator)