

Refund Reference Number

office use only

Examination Name (√)	Pearson	Edexc	el		()			Profess	sional o	r Unive	ersity	Exam	()		sp	specify name o		of exam	
	Cambrid	ge Ass	essme	nt En	glish		()		Cambridg	je Asse:	sment	Inter	nationa	l Education			()		
Only For School Exams (√)	IGCSE	()	GCE	OL	()	GCE AL		()	IAL		()							
Note: For refund applications made on medical grounds, please attach a medical certificate (Pearson Edexcel / Cambridge Assesment International Education candidates – refer the approved list of hospitals published in the British Council website)																				
Exam Date/ Session DD/MM/YYYY									Centre Number											
Candidate Number (if applicable)									ID Nu	ID Number (Passport Number for IELTS)										
Candidate Name			First	Name				Family Name												
Date of Birth	DD/MM/YYYY								tration Reference Receipt Number Eg: R-						R-L	K001-1234	15-12	345		
Candidate Address																				
Contact Numbers	Telepho						hone	ne						Mobile						
Email																				
Reason																				
For Schools/Professional Examinations only:																				
Subjects Withdrawn subject codes																				
Payment Instructions please select as appropriate (\(\sqrt{)}\)																				
Bank Transfer () Bank Nan									Account No					Number						
	ame		Payee Name																	
For payments made online	()	Last fo	our dig	iits of	f your	card nu	ımber													
Note: For online payments, your refund amount will be credited directly to the same Visa/Master card you used at the time of making your online payment. Kindly ensure that you provide us with accurate information.																				
Candidate Signature						Date														
CSO Name & Signature	office use only							Date												
>																				
Customer Acknowledgmen	t Slip																			
Refund Reference Number		offic	ce use	only										Case Num	ber		of	fice use	only	
CSO Name & Signature		Oí	ffice us	e onl	у					ı	Date									
Important Note: All refund requests are subject to approval by the relevant examination board. Please do not discard or lose this reference slip as this will assist us in tracking your refund application. Please ensure that you quote the case number when you correspond to us via email, when sending soft copies of missing documentation. You may write to us on info.lk@britishcouncil.org (please turn over)																				

Priva	cy Notice										
	Council will use the ir and conditions of app	formation that you are provid lication.	ing in connect	ion with proce	essing your ap	oplication. The	e legal basis f	or processing	your inform	ation is agree	ement with our
We ma	ay need to pass this in	formation on to the relevant e	xaminig body.								
inform have t	nation we hold on you the right to complain to	n data protection law in the UK and the right to ask us to corr o a privacy regulator. For deta I keep your information for a p	ect any inaccu iled informatio	racies in that n, please refe	information. It er to the priva	f you have co cy section of	ncerns about	how we have	used your p	ersonal infor	mation, you also
Ca	Candidate Signature			Date							
Office	Use Only										
Docui	ment Check List										
	Document Type (√)	IELTS - EOR	CAE - Stage	CAE - Stage 2	Schools - Stage 1	Schools - Stage 2	Prof/ Uni				
	BC Local Refund Form						-				
	Exam Board Refund Form										
	Copy of Payment Receipt					pvt only	pvt only				
	Medical Report										
	Copy of Statement of	Entry						if any			

schools only

Date

schools only

Consent Letter from the School (EDX & CAIE - School Candidates only)

Other

CSO Signature

Copy of bank passbook/ statement details page

letter from uni or candidate

specify document