

## Cambridge International Examinations

### Application for Refund of Fees

Please note that applications will be considered for refunds of the subject fees only (partial refunds will not be processed). Late entry fees, science and ICT practical fee will not be refunded except in the case of a candidate's death, in which case all fees will be refunded. (a copy of death certificate should be attached to the application).

**Qualification:**       IGCSE                       O level                       Advanced Level  
**Examination Series:**       May/June                       October/November  
**Year:**                        
**Centre number**                        
**Candidate number**                                            **Centre name**                        
**Candidate name**                     

Details of refunding subjects **Partial refunds will not be processed (registered subject/option needs to be withdrawn – not individual papers (components))**

Subject & Option Code	Component	Date of the exam	Subject & Option Code	Component	Date of the exam

**Reason for withdrawal (please tick). Please refer “Refund Policy – School Exams” document to provide relevant supporting documents.**

- Illness or injury
- Loss or bereavement of an immediate family member.
- Victim of emergency exigencies like accidents, crime, trauma & disasters.
- Other (Please specify)

**To be completed if the candidate is unable to attend the examination due to medical reasons.**

I, the candidate named above, confirm that I have been unable to attend above examination due to below medical reasons;

Nature of the Illness or injury

Duration of injury: From:

To:

Signature of candidate

Date

**To be completed and signed by a MBBS qualified and SLMC approved medical practitioner from an approved hospital (Please attach a separate medical certificate).**

I (name)

certify that

(Candidate's name)

was examined

By me and found to be unfit to take examinations during the period;

from:

to:

For the following reasons;

Signed:

Date:

Qualifications,  
SLMC registration number &  
Stamp:

**To be completed by the recognised exam centre.**

I certify to the best of my belief the information given is correct and I recommend that the subject fees be refunded.

Name and Designation:

Date:

Signature: