



Personal details

Title	
Given Names	
Surname	
Address	
Telephone	
Email	

Test Date Registered for	__ / __ / __	<input type="checkbox"/> Paper-based (PB)	<input type="checkbox"/> Computer-Delivered (CD)
Passport Number			
Exam Registration Reference Number	<i>Eg: A3-LK001-S-1234567</i>		
Have you completed at least one component of your test on this registered test date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Request is for (tick one box only)	<input type="checkbox"/> Refund	<input type="checkbox"/> Transfer	
Centre name/number			
Preferred New Test Date (FOR TRANSFERS ONLY)	__ / __ / __	<input type="checkbox"/> Paper-based (PB)	<input type="checkbox"/> Computer-Delivered (CD)

Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

--

Office Use Only

<u>Customer Acknowledgement Slip</u>	
Refund Reference Number: _____	Case Number: _____
CSO Name and Signature: _____	Date: _____
<u>Important Note</u>	
<ul style="list-style-type: none">• All refund requests are subject to approval.• Please do not discard or lose this reference slip as this will assist us in tracking your refund application• Please ensure you quote the case number & refund reference number when you correspond to us via email, when sending soft copies of passbook or statement of account. You may write to us on info.lk@britishcouncil.org	

(please turn over)

Payment Details (for Refunds only)

Bank Details	Bank Name:	Account Number
	Branch Name:	Payee Name:
Online Payment	Last 4 digits of the card you paid with online:	

Supporting Documents

Refunds	Test Date Transfers
<input type="checkbox"/> Copy of bank passbook / statement details page, depicting Account Name and	<input type="checkbox"/> Copy of passport
<input type="checkbox"/> Supporting documents (if request made within five weeks and 5 days after the written test date)	

Candidate Signature:	
Date:	

Test centre use only:

Refund Reference Number _____

CSO Name and Signature	
Date Received	

Registered test date	Date of prior application	Grounds for application		
		Medical	Personal	Other

Request Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Authorised by IELTS Administrator:	
Date:	

Supporting documentation / evidence: Medical

(This form must be accompanied by an original medical certificate.)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation:

Candidate affected on the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Candidate affected at some time prior to the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's name:

Address:

Phone number:

Provider number: (if applicable):

Stamp:

Signature:

Supporting documentation / evidence: Other (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

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.