



Request for Refund or Test Date Transfer Form

PERSONAL DETAILS			
Title			
Given Names		Surname	
Address			
Contact Number		Email	
REQUEST (tick one box)	<input type="checkbox"/> Transfer <input type="checkbox"/> Refund		
Centre Name and Number	British Council - PH 001		
Test Date Registered for		Location	
Test Type Registered for	<input type="checkbox"/> Paper-based IELTS <input type="checkbox"/> Computer-delivered IELTS <input type="checkbox"/> IELTS Life Skills		
	<input type="checkbox"/> Paper-based IELTS for UKVI <input type="checkbox"/> Computer-delivered IELTS for UKVI		
Module Registered for	<input type="checkbox"/> Academic <input type="checkbox"/> General Training <input type="checkbox"/> A1 <input type="checkbox"/> B1		
Preferred New Test Date		Location	
Preferred Test Type	<input type="checkbox"/> Paper-based IELTS <input type="checkbox"/> Computer-delivered IELTS <input type="checkbox"/> IELTS Life Skills		
	<input type="checkbox"/> Paper-based IELTS for UKVI <input type="checkbox"/> Computer-delivered IELTS for UKVI		
Preferred New Module	<input type="checkbox"/> Academic <input type="checkbox"/> General Training <input type="checkbox"/> A1 <input type="checkbox"/> B1		
Candidate statement (to be completed by the candidate) Please detail your grounds for applying for a refund or a test date transfer.			
In case of medical reasons, this form must be accompanied by an original medical certificate issued by a Professional Medical Practitioner. The medical certificate must include nature of illness and other relevant information (with reference to your capacity to sit an exam) which will assist in any assessment of this application for special consideration. For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice). (attach extra sheet if there is insufficient space)			
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.			
Candidate Signature		Date	
TEST CENTRE USE ONLY			
Received by		Date	
Request (please select)	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Authorised by (IELTS Administrator)		Date	