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www.britishcouncil.org.za/exam/ielts

REQUEST FOR REFUND or TEST DATE TRANSFER FORM

Candidates who seek to cancel their registration or transfer test dates within the 5 week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- Serious illness – e.g. hospital admission or serious injury (Does not include minor illness such as mild cold).
- Loss or bereavement - death of a close family member.
- Hardship/trauma – victim or crime, victim of traffic accident.
- Military Service.

Application Process for Refunds

Candidates should complete the attached form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate or a police report. Statutory declarations and certificates signed by family members are not acceptable.

Refunds – If the candidate's application is approved, we will refund a portion of the test fee to the candidate, however, please note that we do charge an admin fee of **R600.00.** This, therefore, means that the candidate will not be refunded the full fee.

Transfers – If the candidate's application is approved, candidates must select a test date within the next 3-month period. Candidates who wish to transfer to a test date more than 3 months away should apply for a refund and then re-apply. Please note that we do charge a postponement/transfer fee of **R600.00**

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1. Candidate Name: _____

2. Postal Address: _____

3. Tel. No (W) _____ Tel No (H) _____

4. Cell number: _____ Fax No._____

5. E-mail: _____

6. Test date registered for: _____/_____/_____
(Day/month/year**)**

7. Request is for (tick one box): **REFUND** **TRANSFER OF TEST DATE**

8. Preferred New Test Date: _____/_____/_____
(Day/month/year**)**

9. Candidate Statement (to be completed by the candidate)
Please details your grounds for requesting a refund or test date transfer

_____

_____

_____

10. If the candidate's request for a refund is approved, payment will be made direct into a bank account. Please provide banking details for this purpose:

Account holders name: _____

Name of Bank: _____

Branch code & Branch Name: _____

Account Number: _____

Candidate Signature: _____ **Date:** _____/_____/_____
(Day/month/year**)**

Office use only
Previous request for Refunds/Transfer

Registered Test Date	Date of prior application	Grounds for Application		
		Medical	Personal	Other

Received by: _____ **Date:** _____/_____/_____
(Day/month/year)

Request: **APPROVED** **NOT APPROVED**

Authorised by: _____ **Date:** _____/_____/_____
(Day/month/year)