



## Request for Refund or Test Date Transfer Form

### Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the **five-day 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:

- illness – e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement – death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service.

### Application Process for Refunds

In case candidates seek cancellation or test date transfer after the test date, candidates must lodge an application for refund no later than **two days after the test date**.

Candidates must complete a Request for Refund 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.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

**Refunds** – If the candidate's application is approved, the centre will refund the test fee to the candidate. However the centre may deduct an administrative fee (no more than 25% of the test fee).

**Transfers** – If the candidate's application is approved, candidates must select a test date within the next three-month period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.



# Request for Refund or Test Date Transfer Form

## Personal details

Title (Mr. Ms etc.)

Given names:  Surname:

Address:

Telephone:  Email:

Test date registered for:        /        /

Test venue registered for (tick one box):  Tokyo  Nagoya

Request is for (tick one box):  Refund  Test Date Transfer

### **For Test Date Transfer, please specify the following details:**

Preferred new test date:        /        /

Venue (tick one box):  Tokyo  Nagoya

Module (tick one box):  Academic  General Training

**Please choose a session at our Centre still open for booking referring to:**

<https://ieltsregistration.britishcouncil.org/?organisation=UK-PLUS-Nagoya>

**For weekend (Saturday or Sunday), please specify the preferred sitting.**

Sitting (tick one box) :  AM LRW (PM Speaking)  PM LRW (AM Speaking)

### **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 the candidate's 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. \*Signature must be hand-written.**

Candidate signature:  Date:

### **Test centre use only:**

Received by:  Date:

Request (please select):    **APPROVED**                       **NOT APPROVED**

Authorised by:  Date: