

Request for Refund/Transfer

When can I cancel registration or transfer test date without submitting any document?

You can apply to cancel your registration or transfer your exam date more than five-weeks before the test date. We will refund your fee (minus an administration fee BDT 2,000) by bank transfer. In case of transfer of your test date, you have to pay BDT 2,000.

Will I get refund or can I transfer my test date?

Only if you can prove that you are unable to sit for the test due to a serious cause. Serious causes include:

- Serious illness – e.g. hospital admission or serious injury (**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, natural disaster
- Military / Govt. examinations

Application Procedure for Refund

- Candidate must submit this application for refund **no later than five working days after the test date.** (In case of transferring your test date you have to apply **no later than five weeks before the test date** with appropriate documents)
- Candidates must complete a Request for Refund/transfer Form and attach the appropriate documentation and evidence.
 - a) Acceptable documents may include **medical certificate**, doctor prescription, **pathological test** report from a qualified medical practitioner, death certificate or police report.
 - b) **Original Money receipt** of the IELTS test fee must be submitted with Application Form
- The Administrator will inform the candidate within 48 Hours of submitting the application whether or not their request has been approved.
- **The centre will not be liable if the applied transfer or Refund has been rejected after the test date.**
- If the candidate's request is approved, the centre will refund the test fee deducting an administrative fee (Tk2000/=). Please note, the refund will be transferred to your bank account stated as below.

Please Write Your Personal Details Below:

Names:

Address:

.....

Telephone:

Test Date registered for: ___/___/___ Money receipt no (IELTS test):

Test City registered for: _____ Passport Number: _____

Centre name/number: _____ Module: AC / GT (**Tick appropriate**)

Request is for: Refund / Transfer (**Tick appropriate**) from _____ to _____

Bank Details: (Case of refund)

British Council will not take any responsibility for transferring the refunded amount if the A/C no are not correctly given by the applicant.

Name :	
A/C no:	
Bank Name :	
Bank Branch:	
Bank Address:	

I confirm that the above account details are accurate. Candidate Signature:

Candidate Statement (to be completed by the candidate)

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

Candidate Signature:

Date: ___/___/___

Test Centre Use Only

Previous Request for Refunds / Transfer.

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

Received by: _____

Date: ___/___/___

Request approved / not approved (please circle)

Authorized by: _____

Date: ___/___/___

(IELTS Administrator)

To be completed by medical practitioner

Date/s of consultation: _____

Candidate affected on the test day (please circle appropriate one)

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 but able 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 but able to sit exam specify period _____

Practitioner's Name:

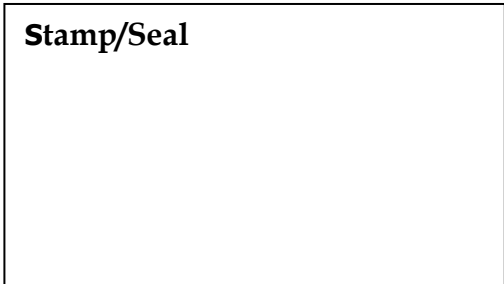
Address:

.....

.....

.....

Phone Number:



Signature: _____ **Date:** ____/____/____

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.