
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 without submitting any document.

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

A request received by the centre less than five weeks prior to the test date, must be supported by adequate and required supporting documents / evidence, without which the application will not be considered. The causes may 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
- Loss of Passport after applying for the test

Fee for Refund/Transfer

An administrative fee will be applicable respectively for:

- IELTS: BDT 3900
- IELTS UKVI: BDT 5000
- IELTS Life Skills: BDT 3800

Application Procedure for Refund/Transfer

- Candidate must submit this application for refund/transfer **no later than five working days after the test date.**
- Candidates must complete a Request for Refund/transfer Form and attach the appropriate documentation and evidence.
 - Acceptable documents may include **medical certificate**, doctor prescription, **pathological test** report from a qualified medical practitioner, death certificate or police report.

For refund only:

- **Original Money receipt** of the IELTS test fee must be submitted with Application Form
 - A copy of your passport
 - A photocopy of a leaf of the cheque book of the account where the refund will be transferred. Please note that, we will arrange to transfer the money in your bank account. If you do not have any bank account, then you should mention your parents bank details.
- 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.**

Please Write Your Personal Details Below:

Candidate Name: _____

Address: _____

Contact no: _____

Passport no: _____

Money receipt no: _____

E-mail: _____

Test centre:

Dhaka Chattogram Khulna Rajshahi Sylhet

Test Type:

IELTS (BDT 3900) UKVI (BDT 5000) IELTS Life Skill (BDT 3800)

Test date registered for: _____

Test module:

AC

GT

Test date transferred to: _____

Test module:

AC

GT

Candidate Statement (to be completed by the candidate)

Please give detail of your grounds for applying for a refund or a test date transfer (please attach extra sheet if required)

Candidate signature: _____

Date: _____

Bank Details: (For refund only)

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:

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:

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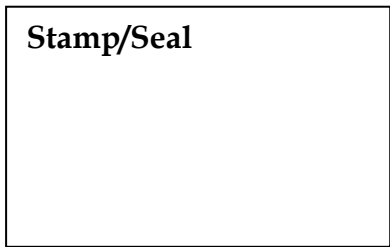
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Phone Number:

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.

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: ____/____/____