

Refund Application Form for Educational & Professional [EP] Exams

Candidates unable to sit for an exam may be entitled to a refund due to following causes:

- 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 an application for refund **no later than five working days after the test date.**
- Candidates must complete a Request for Refund Form and attach the appropriate documentation and evidence.
 - a) Acceptable documents may include medical certificate from a qualified medical practitioner, death certificate or police report.
 - b) Legal declarations and certificates signed by family members are not acceptable.
- The authority will inform the candidate within two working weeks of submitting the application whether or not the request has been approved.
- The full refund policy is available at the following location - <https://www.britishcouncil.org.bd/en/exam/igcse-school/register/refund-policy>

1. Please Write Your Personal Details Below:

Names:

Address:

Telephone:

Exam Date registered for:/...../..... **Name of Examining Body**.....

Money receipt no:

Bank Details: (Case of refund)

The 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:	

2. 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: ___/___/___

Received by: _____

Date: ___/___/___

Request approved / not approved (please circle)

Authorized by: _____

Date: ___/___/___

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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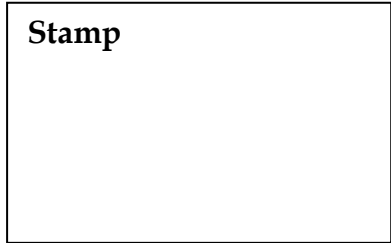
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Phone Number:

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. 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.