

REQUEST FOR REFUND FORM

Notes for candidates on the submission of Request for Refund

1. Refunds will only be processed upon provision of an official receipt from British Council.
2. Candidates who cancel their registration more than **34 days** before the chosen test date will receive a refund. The test centre will deduct an administration fee of MYR180.00 (inclusive of GST) to process the refund.
3. Candidates who cancel their registration within the **34-day** period prior to the chosen test date will not be eligible to receive a refund.
4. Candidates may transfer their test dates if they notify the test centre more than **34 days** before the chosen test date. The centre will charge an administration fee of MYR180.00 (inclusive of GST) to transfer the test dates.
5. Candidates who wish to transfer test dates within the **34-day** period prior to the chosen test date will be treated as a cancellation and will not be eligible for a refund.
6. Candidates are only allowed to transfer their test dates **ONCE**.
7. Candidates who are absent on the test day will lose their full test fee.
8. Candidates who seek to cancel their registration or transfer test dates within the **34-day** period prior to the chosen test date will only receive a refund if they can provide evidence to the test centre that their ability to sit for the test has been affected by an illness or serious cause. Serious causes include:
 - **Illness** – e.g. serious illness, hospital admission or injury (does not include minor illnesses such as a mild cold). Candidates must provide a medical certificate.
 - **Loss or bereavement** – death of a close family member.
 - **Hardship / trauma** – victim of crime, victim of a traffic accident.
 - **National / Military service**
9. The British Council reserves its rights to decline refund / test date transfer requests apart from those causes stated in Point 8.
10. Original supporting documents such as a doctor's medical certificate or police report must be submitted along with the ***IELTS Request for Refund*** within ***5 calendar days*** from the actual test date.

CONTACT US:

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REQUEST FOR REFUND FORM

Please print clearly and give ALL information.

I wish to cancel my IELTS test on:

Test Date: / /
 DD MM YY

Test Module: General / Academic
(Please circle)

Name:			
Phone Number:		Email	

Reason For The Cancellation :

Note: If on medical grounds, please request your doctor to complete the form on the next page.

- I understand that a refund of the test fee, less a cancellation fee of MYR180.00 (inclusive of GST) will be paid to me on cancellation of the test date. British Council will pay the refund either in cash or cheque.
- I must return the IELTS confirmation letter.
- I must return the official receipt.
- Any other supporting documents.

I would like my refund in: **Cash** / *Cheque

Please fill this in if you would your refund as a cheque*	
Name (to appear on cheque)	
Address (to send cheque to)	

.....
Signature

...../...../.....
Date (DD/MM/YY)

For Office Use Only			
Received by (CRE's Name)		Date	
Processed by (Exams Staff)		Date	
Request Confirmed/Denied By (Exams Manager)			

Supporting Documentation / Evidence : Medical

(This form must be accompanied by an original medical certificate)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation: _____

Candidate affected on 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 ability 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 ability to sit exam specify period

Remarks : 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.

Practitioner's Name :

Address :

Phone Number :

Provider Number (If Applicable) :

Stamp :

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.