

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 **21 days before** the chosen test date will receive a refund. The test centre will deduct an administration fee of MYR190.00 to process the refund.
3. Candidates who cancel their registration within the **21-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 **21 days** before the chosen test date. The centre will charge an administration fee of MYR190.00 to transfer the test dates.
5. Candidates who wish to transfer test dates within the **21-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 date **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 date within the **21-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 a serious cause. Serious causes include but not limited to:
 - **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. Original supporting documents such as a doctor's medical certificate or police report must be submitted along with the **IELTS Request for Refund form** before the test or within **5 calendar days** from the actual test date.
10. British Council reserves its rights to decline refund / test date transfer requests.

CONTACT US:

British Council Malaysia

Kuala Lumpur Centre

Ground Floor, West Block, Wisma Golden Eagle Realty, 142C, Jalan Ampang, 50450 Kuala Lumpur.

Tel: +603 2723 7900

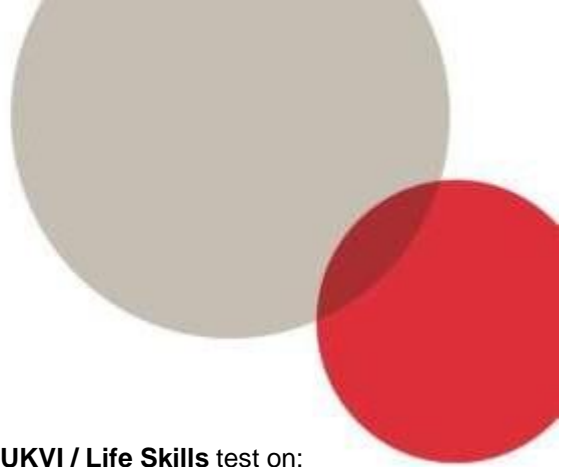
Email: kualalumpur.exams@britishcouncil.org.my

Penang Centre

Wisma Great Eastern, Suite 3A.1 & 3A.2, 25, Lebu Light, 10200 George Town, Pulau Pinang

Tel: +604 255 900

Email: penang.exams@britishcouncil.org.my



REQUEST FOR REFUND FORM

Please print clearly and provide ALL information.

I wish to cancel my **IELTS / IELTS for UKVI / Computer Delivered IELTS or UKVI / Life Skills** test on:

Test Date: / /
 DD MM YY

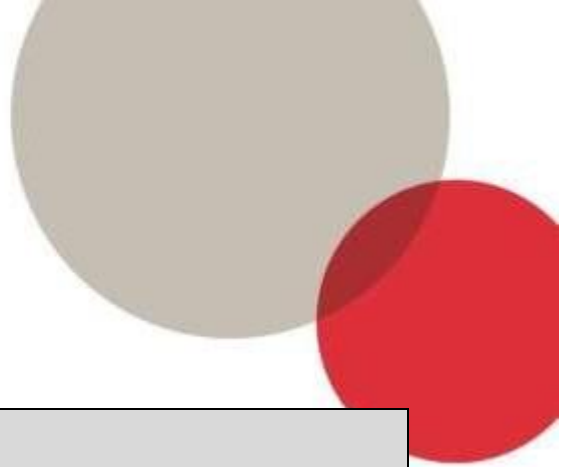
Test Module: General Training / Academic
(Please circle)

Name:	
IC / Passport No	
Phone Number:	
Email Address:	

Reason for Cancellation:

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

- I understand that a refund of the test fee, less a cancellation fee of MYR190.00 will be paid to me on cancellation of the test date.
I must return the IELTS confirmation letter/email.
- I must return the official receipt.
- Any other supporting documents.
- I understand that my refund will take approximately 6 weeks to be processed.
-



Banking Details for Refund

Payment method: Bank Transfer

Please fill in the following details	
Bank account holder name	
Bank full name (eg: Malayan Banking Berhad / Citibank Berhad / RHB Bank Berhad)	
Bank branch and address	
Bank account number	
IBAN (international bank) or Swift Code (local bank)	
<p>➤ I understand that any processing fee applied by the bank for international bank transfer, are to be borne by the applicant; and is not included in the cancellation fee.</p>	

To authorize someone to receive bank transfer on behalf	
Authorized Person's Name	
IC / Passport Number	
<p>➤ I hereby authorize the following person to collect my refund as detailed above. ➤ I understand that British Council will not be responsible for the funds once it has been transferred on my behalf.</p>	

.....
Signature (Candidate)

...../...../.....
Date (DD/MM/YYYY)

For Office Use Only			
Received by CME		Date	
Processed by Exam Staff		Date	
Request Approved / Denied By Exams Manager		Date	

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 for exam specify period
- B very severely affected but able to sit for exam specify period
- C severely affected but able to sit for exam specify period
- D moderately affected but able to sit for exam specify period
- E slightly affected but able to sit for exam specify period
- F unable to assess ability to sit for exam specify period

Candidate affected prior to the test day (please circle appropriate letter):

- A totally unable to sit for exam specify period
- B very severely affected but able to sit for exam specify period
- C severely affected but able to sit for exam specify period
- D moderately affected but able to sit for exam specify period
- E slightly affected but able to sit for exam specify period
- F unable to assess ability to sit for 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.