



Request for Refund or Test Date Transfer Form

Personal details

Title:

Given names: Surname:

Address:

Telephone: Email:

Test date registered for: / /

Request is for (tick one box): Refund Date Transfer

Centre name/number:

Preferred new test date: / /

Please select the test that you registered for:

- IELTS(Paper Based) Computer-delivered IELTS IELTS for UKVI (Paper Based)
- IELTS for UKVI (Computer-delivered) Life Skills A1 Life Skills A2 Life Skills B1

Please select the test that you wish to transfer to :

- IELTS(Paper Based) Computer-delivered IELTS IELTS for UKVI(Paper Based)
- IELTS for UKVI (Computer-delivered) Life Skills A1 Life Skills A2 Life Skills B1

Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer .

In case of medical reasons, this form must be accompanied by an original medical certificate issued by a Professional Medical Practitioner. The medical certificate must include 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.

For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice).
(attach extra sheet if there is insufficient space).

Bank Details (TL Account)

*Bank Name:

*Branch Code & Name:

*Account Holder Name:

*Account Number:

*IBAN No:

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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.

Candidate signature:

Date:

Received by:

Date:

Test centre use only:

Request (please select): **APPROVED**

NOT APPROVED

Authorised by:
(IELTS Administrator)

Date: