

Refunds

Please fill in this form and attach the appropriate evidence:

- a medical certificate from a public hospital (we also accept certificates from IKA, TEBE, OAEE, EOPYY etc.)
- your timetable
- payment slip of the original deposit

Submit these to the British Council **within two weeks** of the date of the written exams and you will receive a **refund of 75% of the fee**.

Personal Details *(Please fill in all information below.)*

Name			
Date of birth			
Address			
Postcode		Town	
Telephone		Mobile	
Email address			
Test Date		Examination	

Bank details *(Please fill in all information below.)*

Name of bank	
Account holder (if common account, quote all account holder names)	
Account number	
IBAN	

Candidate Statement *(To be completed by the candidate)*

Please detail your grounds for applying for a refund (attach extra sheet if there is insufficient space).

I have attached a copy of the medical certification and my timetable. ☐

(This form must be accompanied by the above documentation.)

..... (date) (signature)

For candidates under 18 years of age, we will require the signature of a parent or legal guardian.

To view the detailed Cambridge Assessment English examinations regulations for candidates, please visit the British Council website www.britishcouncil.gr/en/exam/cambridge or contact us to request a copy by post.

As you are aware, since you have accepted the Candidate Privacy Notice and the exams Terms and Conditions during your registration, the British Council processes your data in accordance to the GDPR provisions. For more information, please refer to the Candidate Privacy Notice www.britishcouncil.gr/en/exam/cambridge.