

Request for Refund or Test Date Transfer Form

For UKVI, please refer to the UKVI Transfers and Refunds policy at: www.britishcouncil.gr/en/exam/ielts/which-test/uk-visas-immigration/cancellation-refund-policy

Personal Details (* please fill in all information below)

First Name(s)*: _____

Family Name*: _____

Address*: _____
(ENTER STREET NAME & NUMBER)

_____ (ENTER POSTAL CODE) _____ (ENTER CITY)

Telephone / Mobile*: _____

Email*: _____ (ENTER IN CAPITAL LETTERS)

Test Date Registered for*: ____ / ____ / ____

PAYMENT OF IELTS FEE WAS DONE BY *

Credit / Debit Card

Bank deposit / Bank transfer

Other: _____

Request is for (tick one box) *:

Refund

Test Date Transfer

Centre name/number*: **BRITISH COUNCIL,** _____ (ENTER THE CITY) **G R**

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Please write **GR005** for Athens or **GR026** for Thessaloniki

Please select the test that you registered for *:

IELTS on paper <input type="checkbox"/>	IELTS on computer <input type="checkbox"/>	IELTS for UKVI on paper – available in Athens only <input type="checkbox"/>
IELTS for UKVI on computer – available in Athens only <input type="checkbox"/>	Life Skills A1 – available in Athens only <input type="checkbox"/>	Life Skills B1 – available in Athens only <input type="checkbox"/>

Please select the test that you wish to transfer to *:

IELTS on paper <input type="checkbox"/>	IELTS on computer <input type="checkbox"/>	IELTS for UKVI on paper – available in Athens only <input type="checkbox"/>
IELTS for UKVI on computer – available in Athens only <input type="checkbox"/>	Life Skills A1 – available in Athens only <input type="checkbox"/>	Life Skills B1 – available in Athens only <input type="checkbox"/>

Preferred New Test Date: ____ / ____ / ____ **(If Test Date Transfer is chosen*)**

Note – Test Date Transfer: If your application is approved, you must select a test date within the next three-month period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. If you wish to transfer to a test date more than three months away, you should apply for a refund and then re-apply for the test.

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).

Candidate Signature*: _____ Date*: _____ / _____ / _____

Received by: _____ (NAME) Date: _____ / _____ / _____

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.

Test Centre Use Only:

Request (please select): **APPROVED** **NOT APPROVED**
Authorised by (IELTS Administrator): _____ Date: _____ / _____ / _____

Updated systems? **Yes / No** When? _____ / _____ / _____ By who? _____ **(Initials)**

Candidate informed by: _____ **On:** _____

Candidate ORS Ref. Number: _____

Last four digits: _____

The British Council will use the information that you are providing in connection with processing your request. The legal basis for processing your information is agreement with our terms and conditions of registration (contract). The British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards.