

REQUEST FOR REFUND FORM

Notes for candidates on the submission of Request for Refund

A. Cancellation

Candidate can cancel the IELTS test registration at any time before the test by notifying your Test Centre. Refund terms depend upon cancellation and whether exceptional circumstances apply.

- 1. If you cancel your IELTS test registration more than 14 days before the test you will receive a 75% refund of the total test fee.
- 2. If you cancel your IELTS test registration within 14 days but more than 3 days before the test you will receive a 50% refund of the total test fee.
- 3. If you cancel your IELTS test registration within 3 days of the test you will receive a 25% refund of the total test fee.
- 4. If you cancel your IELTS test registration on the test day or after the test no refund will be provided.

B. <u>Test Taker Exceptions</u>

- 5. You may make a case for exceptional circumstances to your Test Centre before the test and up to 5 days after the test date if you did not attend the test. Your Test Centre will respond to you within 7 working days of receiving your case in writing. Your Test Centre will assess your case for exceptional circumstances.
- 6. All cases for exceptional circumstances and supporting evidence must be received by your Test Centre no later than five days after the scheduled test date.
- 7. If your Test Centre approves your case, you will receive 100% refund.
- 8. If your Test Centre does not approve your case, then the terms defined in section A applies.
- 9. We define exceptional circumstances (but not limited to) as:
 - Serious medical conditions which prevent you from attending or performing normally on test day; such conditions require supporting evidence of a medical certificate from a qualified medical practitioner.
 - Evidence of bereavement, trauma or other forms of significant hardship.
 - Military service.



C. <u>Test Centre Exceptions</u>

- 10. Under certain circumstances outside Test Centre control, we may have to cancel your test. These circumstances include and are not limited to extreme weather conditions, natural disaster, civil unrest and industrial action.
- 11. In these circumstances, your Test Centre will provide you with as much notice as possible and give you the choice of either:
 - A full refund, or, a transfer to a future test date convenient to you.
- 12. In cases where your Test Centre cancels a test under circumstances within its control then in addition to a full refund or transfer to another test date, you may be eligible to apply for compensation for expenses incurred. Your eligibility will be assessed as a reasonable claim or not by the Test Centre and any compensation will be awarded depending on the following conditions:
 - The Test Centre will assess whether the decision to cancel is within or outside its control.
- 13. Any compensation awarded will be limited to travel and accommodation expenses only and which are:
 - directly incurred as a result of planning your attendance on test day,
 - evidenced by payment receipt(s),
 - evidenced that cancelled travel and/or accommodation charges are non-recoverable from vendor,
 - benchmarked against lowest reasonable market rates for the expenses in question (this will be carried out by the Test Centre).
 - If you travel further than the closest test venue to your normal place of residence, then the Test Centre will not find your claim reasonable.

CONTACT US:

British Council Malaysia

Kuala Lumpur Centre

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Email: info@britishcouncil.org.my

Penang Centre

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Tel: +604 255 900

Email: info@britishcouncil.org.my

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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: ___/___ Test Module: General Training / Academic MM YY (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 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 nam	е				
Bank full name (eg: Malay Banking Berhad / Citibanl RHB Bank Berhad)	R Berhad /				
Brank branch and addres	S				
Bank account number					
IBAN (international bank) Code (local bank)	or Swift				
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.					oank transfer, are to be
To authorize someone to receive bank transfer on behalf					
Authorized Person's Name					
IC / Passport Number					
I hereby authorize the	following p	erson to collect	my refund as de	etailed abo	ove.
 I understand that Briti on my behalf. 	sh Council v	will not be resp	onsible for the fu	ınds once	it has been transferred
Signature (Candidate)		50			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 da	v (please	circle	appreciate	letter)
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Α	totally unable to sit for exam	specify period			
В	very severely affected but able to sit for exam	specify period			
С	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 appreciate letter):					
Α	totally unable to sit for exam	specify period			
В	very severely affected but able to sit for exam	specify period			
С	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:			
7 10.01			
Phone Number			
Thome Number			
Provider Number (If		Stamp:	
Applicable):			
Signature:			
3			
Date:			
Duto.			
Supporting Documentation	on / Evidence: Other (Police Report, Military S	ervice Notic	ce. Death Notice) Please
specify and attach relevant	documentation/evidence.		,
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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.