



Request for Refund or Test Date Transfer Form

Personal Details

Title:				
Surname:		Given Names:		
Address:				
Telephone:				
Email:				
Test Date Registered for:		Venue:		
Request is for (tick one box):	<input type="checkbox"/> Test Date Transfer	<input type="checkbox"/> Refund		
Request is for (tick one box):	<input type="checkbox"/> Refund test fee	<input type="checkbox"/> Refund practice materials		
Preferred new test date:	<input type="text"/>	(first choice)	<input type="text"/>	(second choice)
Preferred test venue:				
<i>If you paid using a credit card, please note that we will refund your credit card and not your bank account.</i>				

Bank details for refund request (only if paid by bank transfer):

Account holder:	
Bank Code:	Bank name:
IBAN:	
SWIFT CODE:	

Candidate Statement (to be completed by the candidate; please use reverse page or include an additional sheet)

Please detail your reasons for applying for a refund or a test date transfer:

I herewith confirm I have read and agree to the British Council Cancellation and Refunds Policy.

_____ (please sign and date here)

Test Centre Use Only:

Received by:	Date: / /
Request: approved / not approved	Authorised by:
	Date: / /

(please circle)

(IELTS Administrator)

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