

Exams Department, British Council Hungary

Madách Trade Center 1075 Budapest Madách Imre út 13-14 Building B Floor 4 Email: exams@britishcouncil.hu

Request for Refund or Test Date Transfer Form

Personal Details

Title:			
Surname:		Given name & D	
Address:			
Telephone:			
Email:			
Test date registered for:		Date of bank transfer:	
Request is for (tick one box):	Test date transfer		Refund
Request is for (tick one box):	Test fee transfer		Test fee refund
Preferred new test date:		(first choice)	(second choice)
Bank details for refund request:	Account holder:		Account number:
	Bank code:		Bank name:
If you wish the fee returned to a non-Hungarian bank account, please supply:			
	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 that I have read and agree to the British Council Cancellation and Refunds Policy.

____(please sign and add date here)

 Test Centre Use Only:

 Received by:
 Date:
 /

 Request approved / not approved
 Authorised by:
 Date:
 /

 Date:
 /
 /
 /
 /

(please circle)

(IELTS Administrator)

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