



## Request for Test Date Transfer Form

### Personal details

Title:

Given names:  Surname:

Address:

Telephone:  Email:

Centre name/number: HU001 – British Council Budapest

Test date registered for (dd/mm/yyyy):

Preferred new test date (1<sup>st</sup> choice dd/mm/yyyy):

Preferred new test date (2<sup>nd</sup> choice dd/mm/yyyy):

Reason for test date transfer (put a ✓ or X)		Supporting document	Transfer fee
<input type="checkbox"/>	More than 5 weeks before the test date	Not needed	Not needed
<input type="checkbox"/>	Within 5 weeks of the test date but more than 14 days before the test date	Not needed	18000 HUF
<input type="checkbox"/>	Within 14 days of the test date, up to the day before the test	Needed (please refer to the guidance on the website)	18000 HUF
<input type="checkbox"/>	Missing the test date	Needed (please refer to the guidance on the website)	18000 HUF
<input type="checkbox"/>	Missing the test date due to Covid-19	Needed (please refer to the guidance on the website)	0 HUF – if you are Covid-19 positive or being under quarantine AND have official proof
<input type="checkbox"/>			18000 HUF - if you are Covid-19 positive, have Covid-19-like symptoms or being under quarantine BUT you do not have official proof

### Candidate statement (to be completed by the candidate)

**The information on this form is collected for the primary purpose of assessing your request for a 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.**

Candidate signature:  Date:

The request form with the supporting documents (if applicable) and the payment proof (if applicable) must be sent to [information@britishcouncil.hu](mailto:information@britishcouncil.hu).