



Request for Test Date Transfer Form

Valid from 01/02/2024

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 (1st choice dd/mm/yyyy):

Preferred new test date (2nd 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	Needed – check amount on website
<input type="checkbox"/> Within 14 days of the test date, up to 2 days after the test date	Needed (please refer to the guidance on the website)	Needed – check amount on website

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.