All candidates who wish to apply for a refund of their Cambridge English examination fees should use this form. **30% administrative** fee will be deducted from the original fee in all types of refunds.

You must submit your medical report (if relevant) within **3 days of your Exam date**. Details of refunds can be found on our website. When you receive this form from the British Council, please complete and return within 5 days otherwise you may not be eligible for a refund.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name: |  | | |
| Centre Number: |  | Candidate Number: |  |
| Bank Slip no: |  | Exam/ Exam Session: |  |
| Address: |  | | |
|  |  | | |
| Telephone no/Email: |  | | |
| Subjects to be refunded: |  | | |
| Description and reason of refund required: |  | | |
|  |  | | |

***Please note that if the refund is for medical reasons a medical report in English must be attached.***

**Details of Refund Payment:**

|  |  |
| --- | --- |
| Bank Name and Branch |  |
| Name of A/c Beneficiary/Holder |  |
| IBAN Account No. |  |

**PLEASE ATTACH A COPY OF YOUR IBAN CERTIFICATE FROM YOUR BANK TO THIS FORM**

# For Official Use

|  |  |
| --- | --- |
| Initiated by: |  |
| Date: |  |
| Original payment: €……….\_\_\_\_\_\_\_\_\_\_ | 30%: €\_\_\_\_\_\_\_\_ Amount to be paid: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WBS and GL account to be charged: |  |
| Approved by: |  |
| Date: |  |