You can ask for a refund of the fee paid for an exam by filling in this form if:

o  **1. You cancel your registration more than five weeks before the exam**:

We will charge you an administrative fee of 25% of the exam fee paid and refund **75%** of the regular exam fee you paid.

o  **2. You cancel your registration less than five weeks before the exam**:

Attach any relevant documents supporting your request (see 3. for acceptable reasons) to this form. We will charge you an administrative fee of 25% of the exam fee paid and refund **75%** of the regular exam fee you paid.

o **3. You were absent on the exam day for one of the reasons below**:

* severe illness – e.g. admission to hospital or serious injury (does not include illnesses such as cold)
* loss or death of a close family member
* difficult situation / trauma (being a victim of a crime, traffic accident)
* military service

Please attach to this forma any relevant documents supporting your request (e.g. medical confirmation of your illness signed by a doctor) **no later than five working days** after the written part of the exam. If the request is granted, you will be refunded 75**%** of the exam fee paid.

o **4. The exam was cancelled by the British Council** (e.g. due to the minimum number of candidates not met):

 You will be refunded the full exam fee you paid.

o  **5**. **You overpaid the exam fee**: Please fill in this form and we will refund you the overpaid amount.

Please select one of the reasons above and submit your details below. We can accept only fully completed forms.

|  |  |
| --- | --- |
| **Name and Surname** |  |
| **Exam name**  |  |
| **Exam date** |  |
| **Candidate address** |  |
| **Postal Code and City** |  |
| **E-mail** |  |
| **Paid in €** | € 0 | O online by card O by bank transfer O in person by card |
|  |
| If you paid by bank transfer or in person, please fill in IBAN and SWIFT as well. |
| **IBAN**  |  |
| **SWIFT** |  |
| Please sign the form to request the refund to be processed and the fee returned to your account or online card: |
| **Date** |  |
| **Signature** |  |

The fee will be refunded within 10 working days of the receipt of this refund form.
**Delivery address:** British Council, Exams Department, Panská 17, 811 01 Bratislava, Slovakia

For internal purposes of the British Council: orequest **granted**  orequest **not granted**

 Name Date Signature