

## REQUEST FOR REFUND or TEST DATE TRANSFER FORM

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Candidates who seek to cancel their registration or transfer test dates within the 5 week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- Serious illness – e.g. hospital admission or serious injury (Does not include minor illness such as mild cold).
- Loss or bereavement - death of a close family member.
- Hardship/trauma – victim or crime, victim of traffic accident.
- Military Service.

### Application Process for Refunds

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Candidates should complete the attached form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate or a police report. Statutory declarations and certificates signed by family members are not acceptable.

**Refunds** – If the candidate's application is approved, we will refund a portion of the test fee to the candidate, however, please note that we do charge an admin fee of **USD62.00**. This, therefore, means that the candidate will not be refunded the full fee.

**Transfers** – If the candidate's application is approved, candidates must select a test date within the next 3-month period. Candidates who wish to transfer to a test date more than 3 months away should apply for a refund and then re-apply. Please note that we do charge a postponement/transfer fee of **USD62.00**

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1. Candidate Name: \_\_\_\_\_

2. Postal Address: \_\_\_\_\_

3. Tel. No (W) \_\_\_\_\_ Tel No (H) \_\_\_\_\_

4. Cell number: \_\_\_\_\_ Fax No. \_\_\_\_\_

5. E-mail: \_\_\_\_\_

6. Test date registered for: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

7. Request is for (tick one box):  REFUND  TRANSFER OF TEST DATE

8. Preferred New Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

9. Candidate Statement (to be completed by the candidate)

**Please detail your grounds for requesting a refund or test date transfer**

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10. If the candidate's request for a refund is approved, payment will be made direct into a bank account. Please provide banking details for this purpose:

Card holders name: \_\_\_\_\_

Booking Reference Number: \_\_\_\_\_

Transaction date: \_\_\_\_\_

Transaction Amount: \_\_\_\_\_

Last 4 digits of card (Online/credit card payments ONLY): \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

**Office use only**

*Previous request for Refunds/Transfer*

**Registered Test Date**

**Date of prior  
Application**

**Grounds for Application**

**Medical**

**Personal**

**Other**

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

Request:            **APPROVED**

**NOT APPROVED**

Authorised by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

Amount to be refunded: \_\_\_\_\_