

Request for Refund or Test Date Transfer Form



UNIVERSITY of CAMBRIDGE
ESOL Examinations

Personal Details

Title: _____ Surname: _____

Given Names: _____

Address: _____

Telephone: _____ Email: _____

Test Date Registered for: / /

Request is for (tick one box) Refund Test Date Transfer

Centre Name/Number: _____

Preferred New Test Date / /

Candidate Statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

Account details for refund:

BSB Number: _____ - _____ Account Number: _____

Name in which account is held: _____

Candidate Signature: _____ Date: / /

Test Centre Use Only



Refund: Amount: \$ _____ Invoice Number: _____

EFT details completed:

Approved by (Name): _____ Signed: _____ Date: / /

Accounts Date received: / / Processed: / / Paid: / /

Payable: **GL Code:** 129 999 109 **Dept:** 40

Deferral: New test date booked : / / Confirmed: Y / N

Approved by (Name): _____ Signed: _____ Date: / /