



Request for Refund or Test Date Transfer Form

PERSONAL DETAILS

TITLE:			
GIVEN NAMES:		SURNAME:	
ADDRESS:			
TELEPHONE:		EMAIL:	

Change requested:

Request is for (check one box): REFUND TEST DATE TRANSFER

CENTRE NAME / NUMBER: CA050 ILAC (IELTS Vancouver)

TEST DATE REGISTERED FOR:

MODULE REGISTERED FOR: ACADEMIC GENERAL TRAINING

Please select the test that you registered for:

IELTS (Paper Based) Computer-delivered IELTS
 IELTS for UKVI (Paper Based) IELTS for UKVI (Academic) (Computer-delivered)

PREFERRED NEW TEST DATE:

PREFERRED NEW MODULE: ACADEMIC GENERAL TRAINING

Please select the test that you wish to transfer to:

IELTS (Paper Based) Computer-delivered IELTS
 IELTS for UKVI (Paper Based) IELTS for UKVI (Academic) (Computer-delivered)

Test taker statement (to be completed by the test taker)

Please detail your reasons for applying for a refund or a test date transfer.

In case of medical reasons, this form must be accompanied by an original medical certificate issued by a professional medical practitioner.
 The medical certificate must include the nature of the illness and other relevant information (with reference to your capacity to sit an exam) which will assist in any assessment of this application for special consideration.
 For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice).
 (Attach an extra sheet if there is insufficient space.)

The information on this form is collected for the primary purpose of assessing your request for a refund/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.

TEST TAKER SIGNATURE: _____ DATE: _____

TEST CENTRE USE ONLY:

RECEIVED BY: _____ DATE: _____

Request (please select): APPROVED NOT APPROVED

AUTHORISED BY: _____ DATE: _____
 (IELTS ADMINISTRATOR)



Test Transfer Fee

Return to: info@ilacielts.com



Candidate First Name:

Candidate Last Name:

E-mail:

Paper-based IELTS Test Transfer Fee

For requesting changes to your IELTS test, including test date or module type

	Price	Quantity	Total
PB Transfer Fee			
Tax @ 5%			
Total			

Card Holder's First Name:

Card Holder's Last Name:

Card Holder's Address + Postal Code:

Credit Card:

MasterCard

Visa

Credit Card Number:

Expiry Date:

I authorize ILAC to charge

to the above credit card.

CVV:

Card Holder's Signature: _____

Date: _____

For Office Use Only

Receipt No.:

Date:

Administrator: