

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): <input type="checkbox"/> REFUND <input type="checkbox"/> TEST DATE TRANSFER			
CENTRE NAME / NUMBER:	CA050 ILAC (IELTS Vancouver)		
TEST DATE REGISTERED FOR:			
MODULE REGISTERED FOR:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING		
Please select the test that you registered for:			
<input type="checkbox"/> IELTS (Paper Based)		<input type="checkbox"/> Computer-delivered IELTS	
<input type="checkbox"/> IELTS for UKVI (Paper Based)		<input type="checkbox"/> IELTS for UKVI (Academic) (Computer-delivered)	
PREFERRED NEW TEST DATE:			
PREFERRED NEW MODULE:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING		
Please select the test that you wish to transfer to:			
<input type="checkbox"/> IELTS (Paper Based)		<input type="checkbox"/> Computer-delivered IELTS	
<input type="checkbox"/> IELTS for UKVI (Paper Based)		<input type="checkbox"/> 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.			
<p>In case of medical reasons, this form must be accompanied by an original medical certificate issued by a professional medical practitioner.</p> <p>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.</p> <p>For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice).</p> <p>(Attach an extra sheet if there is insufficient space.)</p>			
<p>The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer.</p> <p>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.</p>			
TEST TAKER SIGNATURE:		DATE:	

TEST CENTRE USE ONLY:	
RECEIVED BY:	DATE:
Request (please select): <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
AUTHORISED BY: (IELTS ADMINISTRATOR)	DATE:



Test Transfer Fee

Return to: info@ilacielts.com

IELTS
The test
you can
trust

Candidate First Name:

Candidate Last Name:

E-mail:

ILAC IELTS Test Transfer Fee

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

	Price	Quantity	Total
Transfer Fee			
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: