



Request for Refund or Transfer Without Evidence

PERSONAL DETAILS

ID DOCUMENT #:			
GIVEN NAMES:		SURNAME:	
ADDRESS:			
TELEPHONE:		EMAIL:	

Change requested:

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

CENTRE NAME / NUMBER: _____

TEST DATE REGISTERED FOR: _____

MODULE REGISTERED FOR: ACADEMIC GENERAL TRAINING

Please select the test that you registered for:

IELTS (Paper Based) Computer-delivered IELTS

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 SIGNATURE:		DATE:	
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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

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: