



Request for Refund Form

Personal Details

Title: _____

Given Name: _____ Surname: _____

Address: _____

Telephone: _____ Email: _____

Centre name/number: BRITISH COUNCIL TURKEY – TR002

Registered Test Date: (dd/mm/yy): / / Candidate number: _____

City: _____

Bank Details (TL Account)

*Bank Name: _____

*Branch Code & Name: _____

*Account Holder Name: _____

*Account Number: _____

*IBAN No: _____

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Candidate Statement (to be completed by the candidate)

Please detail your grounds for applying for a refund
(attach extra sheet if there is insufficient space)

Candidate Signature: _____ Date: / /

Test centre use only:

Payment Date: / /	Amount:	Grounds for Application		
	Refunded Amount:	Medical	Personal	Other

Request approved Request NOT approved

Approved By: _____ Signature: _____ Date: / /

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(IELTS Staff)

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.