

IELTS TEST CANCELLATION FORM

ORIGINAL TEST FEE RECEIPT REQUIRED WITH THIS REQUEST FORM

Today's Date: ___/___/___

Family Name: _____

Given Name: _____

Date of Birth: ___/___/___

Postal Address: _____
(Not email Address)

Contact Number: _____

E-Mail Address: _____

Test Date: ___/___/___ Module: ACADEMIC or GENERAL TEST (please circle)

Reason for REFUND: _____

Account Details: EFTPOS (Direct Refund) OR CHEQUE (please circle))

If you do not have your Bank Card with you please supply the following details:

Account Name: _____ BSB: _____ ACCT. NO. _____

** Please note that a 25% administration fee will be deducted from your test fee. Your refund will be deposited directly to your bank account or if preferred, a cheque will be mailed to your address in approximately 3-5 weeks. We are unable to issue CASH refunds.*

SIGNATURE: _____

Office USE Only:

DATE Sent to FSU: ___/___/___

IELTS REFUND STAMP HERE: