
NOTE: This form is available in large print on request

Candidate Full Names: _____

Telephone Number: _____

Exam Board/Institution: _____

Details of Refund requested

Exam Board: _____

Reason for refund: **(this section MUST be completed)** _____

Candidate Signature _____

Claim Date: _____

Mode of Refund:
(Please tick) Bank Transfer

NOTE: Please fill in a bank details form for Bank Transfer

For Official Use only

Amount Paid by candidate _____

Approved refund amount _____

Payment Approval by (Name) _____

Signature _____ Date _____