



# GB LANGUAGE CENTRE

## CANCELLATION AND REFUND REQUEST FORM

### PERSONAL DETAILS

<b>Title:</b>	Madam <input type="checkbox"/>	Sir <input type="checkbox"/>	
<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	

### TEST AND PAYMENT DETAILS

<b>Registered Test date:</b>			
<b>Amount paid:</b>		<b>Email for E-transfer:</b>	
<b>Are you requesting for cancellation: (Please select one)</b>			
More than 20 days before the test	<input type="checkbox"/>	<i>(Refund of total fee paid minus \$75)</i>	
Within 20 days but more than 3 days	<input type="checkbox"/>	<i>(Refund of total fee paid minus \$215)</i>	
Within 3 days before the test date	<input type="checkbox"/>	<i>(No refund of test fees but shipping fee is refunded if paid)</i>	

### TEST TAKER STATEMENT (To be completed by the test taker)

Please detail your reasons for applying for a refund and attach any documentation or evidences if you have one.


The information on this form is collected for the primary purpose of assessing your request for a refund. 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.

TEST TAKER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### TEST CENTRE USE ONLY

<b>RECEIVED BY:</b>		<b>Date:</b>	
<b>Request:</b>	APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	
<b>Refunded Amount:</b>		<b>Mode of Transfer:</b>	
<b>AUTHORIZED BY:</b>		<b>Date:</b>	