



## TEST DATE TRANSFER 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>                |  |

### CHANGE REQUEST

|   |   |
|---|---|
| <b>TEST DATE REGISTERED FOR:</b>                |   |
| <b>PREFERRED NEW TEST DATE:</b>                 |   |
| <b>REQUESTING TRANSFER: (Please select one)</b> |   |
| More than 20 days before the test               | <input type="checkbox"/> <i>(No transfer fees will be charged)</i>  |
| Within 20 days but more than 3 days             | <input type="checkbox"/> <i>(No transfer fees will be charged but proper documentation/evidence needed)</i>   |
| Within 3 days before the test date              | <input type="checkbox"/> <i>(Will be treated as cancelled and only shipping fee will be refunded if paid)</i> |

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

Please detail your reasons for applying for a test date transfer.

In case of medical reasons, this form must be accompanied by an original medical certificate issued by a professional medical practitioner. The medical certificate must include the nature of illness and other relevant information (with reference to your capacity to sit an exam) which will assist in any assessment of this application for special consideration.

For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice).

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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>NEW TEST DATE:</b> |                                   |                                       |  |
| <b>AUTHORIZED BY:</b> |                                   | <b>DATE:</b>                          |  |