

Please fill in all the fields marked with (*). Print, sign by hand and send or hand in this form with the original copy of the medical certificate, if required (i.e. candidate's sickness) to the following address:

**Exams Department - British Council
Via di San Sebastianello, 16 – 00187 – Roma**

The candidate will receive the amount to be refunded 4 to 8 weeks following the request. In case of applications carried out among schools, more than 8 weeks could be required. If the candidate paid online, the amount will be refunded to that card.

Candidate's name and surname: *

Telephone number/ Mobile: *

E-mail address: *

Please select the exam to be refunded:

*

Please select the reason for the refund:

*

Please insert the date of the written test of the exam: *

Please insert the payment method used when you paid for the exam:

*

Please insert the IBAN number (for payments which were not made online)

IBAN:

Name of the account-
holder ^:

^ If the application has been made by a school, please insert the school's account number. If the person was registered as a private candidate, please insert his or her account number.

Please indicate the account holder's relationship to the candidate

Swift code ^^:

^^ The Swift is mandatory if the account is based abroad.

Date: *

SIGNATURE *:

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) – NON SCRIVERE SOTTO QUESTA LINEA (RISERVATO ALL'UFFICIO)

Amount to be reimbursed: _____

GL: _____ WBS: _____

Approved by: _____