



Request for Refund or Test Date Transfer Form

Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness – e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement – death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service.

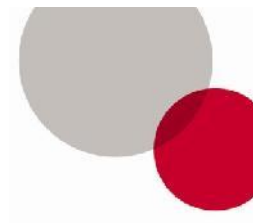
Application Process for Refunds

Candidates must lodge an application for refund no later than five working days after the test date. Candidates must complete a Request for Refund Form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

Refunds – If the candidate's application is approved, the centre will refund the test fee to the candidate. However the centre may deduct an administrative fee (no more than 25% of the test fee).

Transfers – If the candidate's application is approved, candidates must select a test date within the next three-month period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.



Request for Refund or Test Date Transfer Form

Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for: / /

Request is for (tick one box): ☐ Refund ☐ Test Date Transfer

Centre name/number:

Preferred new test date: / /

Candidate statement *(to be completed by the candidate)*

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

Candidate signature:

Date:

Received by:

Date:

Test centre use only: Previous Request for Refunds/Transfer

Registered test date	Date of prior application	Grounds for application		
		Medical	Personal	Other

Request (please select):

APPROVED

☐

NOT APPROVED

☐

Authorised by:
(IELTS Administrator)

Date:



Request for Refund or Test Date Transfer Form

Supporting documentation / evidence: Medical
(This form must be accompanied by an original medical certificate.)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation: _____

Candidate affected on the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Candidate affected at some time prior to the test day (please circle appropriate letter):

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F unable to assess ability to sit exam | specify period |

Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's name: _____

Address: _____

Phone number: _____

Provider number: (if applicable): _____

Signature: _____

Stamp: _____

Date: _____

Supporting documentation / evidence: Other (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

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



Important Notice: You can only take ONE transfer date for each test registered

Request under "Extraordinary/Extreme Circumstances": Post- test date

All requests, received by the centre no later than close of business on the next working day from the test date, may be considered as a Transfer, subject to the application fulfilling the conditions of Extraordinary Circumstances supported by relevant documentary evidence clearly stating that any one of the below listed mishaps took place on the test date, but before the candidate could reach the test centre, thereby preventing the candidate from reaching the test centre in time for the test. Only any one of the following conditions will be considered;

- ✓ Loss or bereavement - death of a close family member, hardships / trauma on the test day, before the candidate could leave for the test
- ✓ Victim of crime on way to the test venue
- ✓ Victim of a traffic accident on way to the test venue
- ✓ Loss of Passport
- ✓ Renewal of Passport
- ✓ Could not travel to the test venue due to Strike/Bandh, Riots or other similar circumstances

For an application to be considered under this category, the candidate must submit an application in writing, along with the relevant original document or a certified copy of the document, attested by a first class government officer.

N.B. the original from the below list of documents must be brought along with the application and shown to the centre administrator;

- ✓ Medical certificate signed by a registered medical practitioner and bearing his/her registration number
- ✓ Hospital admission certificate and discharge summary (in case of hospitalisation)
- ✓ Police report/FIR
- ✓ Death certificate signed by a registered medical practitioner and bearing his/her registration number
- ✓ Receipt from the Passport Office detailing the passport number and the expected date of when the passport will be returned

Once an application is accepted under Extraordinary Circumstances, only a transfer request will be considered and an administrative charge of NPR 4,235 (Four Thousand Two Hundred and Thirty Five only) is applicable.



The administrative charge should be deposited in IDP Nepal office (Demand Draft or cash deposit slip or Credit Card/Debit Card Swipe) or should be couriered to:

IDP Education Nepal Pvt. Ltd.
Metro Park Mall,
Ground Floor,
Uttar Dhoka, Lazimpat,
Kathmandu, Nepal 44600
Telephone: +977-1- 4217800

The demand draft should be drawn in favour of "IDP EDUCATION NEPAL PRIVATE LIMITED payable at Kathmandu.

The request for such cases will be considered on a case to case basis and the decision of IDP Education India Private Limited will be final and binding.

The allocation of the next date of test will be at the sole discretion of the centre, subject to availability and based on a case to case basis.

Disclaimer: *The International English Language Testing System (IELTS) is designed to be one of many factors used by academic institutions, government agencies, professional bodies and employers in determining whether a test taker can be admitted as a student or be considered for employment or for citizenship purposes. IELTS is not designed to be the sole method of determining admission or employment for the test taker. IELTS is made available worldwide to all persons, regardless of age, gender, race, nationality or religion, but it is not recommended to persons under 16 years of age. British Council, IDP: IELTS Australia and Cambridge English Language Assessment and any other party involved in creating, producing, or delivering IELTS shall not be liable for any direct, incidental, consequential, indirect, special, punitive, or similar damages arising out of access to, use of, acceptance by, or interpretation of the results by any third party, or any errors or omissions in the content thereof.*

If you need any clarification / assistance, please feel free to get in touch with your IDP: IELTS Test Centre, Nepal, +977-1- 4217800 or email us @ ielts.nepal@idp.com



Candidates Financial Details for TRANSFER/ CANCELLATION Refund

Please mention candidate's financial details for refund purpose:

Important: Please submit a cancelled cheque along with the Transfer/Cancellation Form

A: Beneficiary Name (candidate):

B: Candidate No. & Passport No.....

C: Bank Name:

D: Bank Branch (address):

.....

E: Bank Account Number:.....

F: IFSC Code/NEFT/SWIFT Code:.....

For any further assistance, kindly call us or email us at:

+977-1- 4217800, ielts.nepal@idp.com from Monday to Saturday between 09:00 am to 05:30 pm on working days.