**Personal Details**

Title:

…………………………………………………………………………………………………………

Given Names:

…………………………………………………………………………………………………………

Address:

…………………………………………………………………………………………………………

Telephone:

…………………………………………………………………………………………………………

Email:

…………………………………………………………………………………………………………

Name of Examination:

………………………………………………………………………………………………………………………………………………………...

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

**Reason for Refund**

…………………………………………………………………………………………………………

Candidate Signature: Date: (dd/mm/yyyy)

…………………………………………………………………………………………………………

Received by:

Name in BLOCK LETTERS:

Signature Date: (dd/mm/yyyy)

…………………………………………………………………………………………………………

**Supporting Documentation**

Copy of Application

Statement by Candidate

Original Receipt

Medical report (if any)

Bank details

Account Name:

Bank name: Account Number:

**IMPORTANT:**

Please note that all refunds when approved are paid by direct bank transfer. It is important you provide accurate bank details to avoid delays with the refund.

**Supporting statement from Examinations Officer:**

Name of Exam Officer in (BLOCK LETTERS): ……………………………………………………………………………………

Signature of Exam Officer……………………………….……………………… Date…………………..

**Refund Approved By:**

NAME:…………………………………… Signature………………….. Date…………………..

**Refund Declined By:**

NAME:…………………………………… Signature………………….. Date……………………