

Refund Application Form

All candidates who wish to apply for a refund of their examination fees should use this form. **10% administrative** fee will be deducted from the original fee in all types of refunds/transfers.

You must complete and return this form within 10 days of your exam date, otherwise you will not be eligible for a refund

School Name:	
Candidate Name:	
Candidate Number:	
Exam/ Exam Session:	
Telephone no/Email:	
Description and reason of refund required:	

Please note that if the refund is for medical reasons a medical report in English must be attached.

Details of Refund Payment:

Bank Name	
Name of A/c Beneficiary/Holder	
IBAN Account No.	

PLEASE ATTACH A COPY OF YOUR IBAN CERTIFICATE FROM YOUR BANK TO THIS FORM

For Official Use

Date:	
Original payment: €.....	10%: €..... Amount to be paid: €.....
Approved by:	
Date:	