**Refund Application Form**

*All candidates who wish to apply for a refund of their examination fees should use this form. Details of the exact amount that can be refunded are available from* ***Refund Policy***

***PLEASE NOTE THAT BANK CHARGES WILL APPLY FOR ALL REFUNDS – YOU MUST COMPLETE AND RETURN THIS FORM WITHIN 10 DAYS OTHERWISE YOU WILL NOT BE ELIGIBLE FOR A REFUND***

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name: |  | | |
| Centre Number: |  | Candidate Number: |  |
| Bank Slip no:  JCC Payment no: |  | Exam Session: |  |
| Address: |  | | |
|  |  | | |
| Telephone no: |  | | |
| Subjects to be refunded: |  | | |
| 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 and Branch or JCC |  |
| Name of A/c Beneficiary/Holder |  |
| IBAN Account No.  JCC Payment Slip no. |  |

*For Official Use*

|  |  |
| --- | --- |
| Initiated by: |  |
| Date: |  |
| Amount to be paid: |  |
| Approved by: |  |
| Date: |  |