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| IFOA_logo_ | **Exam refund application form** |

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| *Please complete and return this form via email to:*[*memberservices@actuaries.org.uk*](file:///C:\Users\local_patricim\INetCache\Content.Outlook\IA50RS6Q\memberservices@actuaries.org.uk) | | | | | | | | | | | |
| **This form is to be used by candidates applying for a refund of their examination due to cancellation reasons out with their control.**  **Cancellation before the exam registration period closes 26 July 2024 (17.00 UK time) for all exams.**  Candidates will be entitled to a refund of the exam fees they have paid for that exam, subject to a deduction of a 10% administrative charge and any applicable bank charges. | | | | | | | | | | | |
| **Cancellation after the exam registration period has closed.**  Candidates’ entitlement to a refund will depend on the circumstances surrounding their request. We will consider individual circumstances and make an assessment on whether it is fair and reasonable to **exceptionally** grant the request for a refund. Supporting evidence **must** accompany the request.  If we do accept your request for a refund, you will be entitled to a refund of the exam fees you have paid for that exam, subject to a deduction of a 25% administrative charge and any applicable bank charges.  **We will not consider requests for refunds 15 days or more after the assessment, you are seeking a refund for, has taken place or if an attempt to download the paper has been made.**  Please refer to the [IFoA’s Refund Policy](https://www.actuaries.org.uk/ifoa-refund-policy) | | | | | | | | | | | |
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| **Personal details** | | | | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | | |  | | | **ARN** | | |  | |
| **Email** | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| **Entry details** | | | | | | | | | | | |
| **Session** | |  | | | | | | | | |  |
| **Exams** | |  | | | | | | | | | |
| **Signature** | |  | | | | **Date** | | |  | | |
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| **Refund method**  **Refunds will only be made to the payer of the exam entry fee, using the same account details.** | | | | | | | | | | | |
| **Method of payment:** Please indicate which method of payment was originally used. | | | | | | | | | | | |
|  | **Bank transfer**– bank details must be given | | | | | | | | | | |
| **Account name** | | |  | | **IBAN\*** | | |  | | | |
| **Account number** | | |  | | **Bank name** | | |  | | | |
| **Sort code** | | |  | | **Bank  address** | | |  | | | |
| **SWIFT\*** | | |  | |
| **\* These fields must be completed for refunds to overseas banks** | | | | | | | | | | | |

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|  | **Please tick the box if you paid by card** |