LYCEUM
A S S E S S M E N T S

Refund Application Form

Important Note:
- All candidates who wish to apply for a refund of their examination fee should use this form.
- All refund requests are subjected to approval by the relevant examination board.
- Please do not discard or lose this reference slip as this will assist us in tracking your refund application.
- Please ensure that you quote the Refund Reference Number when you correspond with us.

Payment Instructions - Please provide parent/guardian bank account information

Examination Body: Cambridge International	**Session: June 2022**
Centre Number:	**Centre Name:**
Candidate Number:	**Qualification Type:**
Candidate Registration Reference Number:	**Identification Number:**
Candidate Full Name:	
Contact Number:	**Email:**
Reason/s : Note: For the stage two refund request, please attach the supporting evidence.	

Relationship to the Candidate	◯ Parent ◯ Guardian
Bank Name:	**Account Number:**
Branch Name:	**Account Holders Name:**

Privacy Notice

Lyceum Assessments will use the information that you are providing in connection with processing your application. The legal basis for processing your information is in agreement with our terms and conditions agreed upon during the registration process. We may need to pass this information on to the relevant examination body.

Withdrawn Subject and Option Codes-to be filled by the Candidate

Exam Dates (*DD/MM/YYYY)*	Subject Name	Subject Code				Option Code		Subject Fee Paid (LKR)
Ex: 26/04/2022 & 06/05/2022	*Accounting*	9	7	0	6	A	Y	

Signature of Candidate	**Date** *DD/MM/YYYY*
Signature of Parent *If a candidate is below 18 as of today*	**Date** *DD/MM/YYYY*

Office Use Only - Documents Checklist

Document Type (√)	School Candidates		Private Candidates	
	Stage 1	Stage 2	Stage 1	Stage 2
a) Completed LYA Refund request form				
b) Copy of Payment Receipt				
c) Documentary Evidence (Original)				
d) Copy of Statement of Entry				
e) Consent Letter from the School				
f) Copy of bank passbook/ statement details page				
Total amount to be refunded:				
Exam Officer Name and Signature:				
Date: *DD/MM/YYYY*				