



## 50% refund application of the examination fee

Candidate absent for medical reasons for written parts of the examination

Surname

Name

Date of birth

day

month

year

Address

street

number

town

post code

phone

Email

Identification number + examination name

Centre  
number

CZ

Candidate  
number

Examination  
name

Please state your bank account number + name of the account to which we will refund the 50% of the examination fee (in case that the fee was paid by your company/school state the name of the organisation and their bank account).

### CONDITIONS FOR THE 50% REFUND APPLICATION

1. Candidates absent from the written parts of their examination for medical reasons are entitled to a 50% refund of the examinations fee (the 50% refund applies **only** to the basic examination fee).
2. A medical certificate together with this application form must be sent by recorded delivery to the centre where you registered no later than 7 working days after the date of the written paper of the examination.
3. Please attach a copy of the proof of payment for the examinations to this application.

Date

Candidate signature