

Exam Withdraw Request Form

Date of Birth

Exam Series

Candidate No

Unique Sixth Form

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DETAILS:

SURNAME

FORENAME

I would like to drop the following subjects, and I herein undertake the responsibility of cancellation:

Exam Board	Level	Subject	Entry Codes	Reasons for Withdraw	Dept. Head Sign <small>(Internal only)</small>	Amount Refund

Note: Please find the Exams fees refund policy

Amount

Please provide your contact number

I confirm that the student/parent would like to withdraw myself/my child from the exams listed above

Parent/Guardian/Student

Signature:

Date of Exams Withdrawal

Date

For office use only

Total Refund Fees

Exams Officer

Sign

Date

Accounts Officer

Name

Sign

Date

If you want to refund your fees by bank transfer

Please fill the below form with Bank or building society account

Name on the account

Sort code

Must be 6 digits long

Account number

Must be between 6 and 8 digits long

Building society roll number (if you have one)

You can find it on your card, statement or passbook

Please email at :
exams@uniquesixthform.co.uk