

Common English Proficiency Assessment Scheme
Application for Reimbursement of Test Fee 2009-2010

Name of Student / Bank Account Holder*:	_____
HKID / Passport No.:	_____
Student ID No.:	_____
Student's Bank Account No.: (Credit Card Account cannot be used for reimbursement)	_____
Name of Bank:	_____
Code of testing session for which reimbursement is being sought:	_____
Date of testing session for which reimbursement is being sought:	_____
Reimbursable Amount:	_____
Contact Tel. No. (Home & Mobile):	_____
Correspondence Address:	_____
Student's Signature:	_____
Date of Application:	_____

* The name of bank account holder must be the same as the student name

Notes :

1. You may seek reimbursement of test fee **6** weeks after collection/receipt of the Test Report Form (TRF) by completing and returning this application form to the Registry **before 31 August 2010**.
2. Please be reminded that you are eligible for reimbursement **ONCE** only.
3. Please note that the test fee will normally be reimbursed to you **5** weeks after your submission of application.
4. The prescribed statement as a condition for reimbursement, if applicable, will be printed on your transcript **14** days after you have submitted your application. ***It is important to note that any subsequent changes will not be entertained.***

Registry Use Only

Verified and approved for payment by : _____ on _____
(name of staff) (date)