UK Exams (CT1-CT8 & ST9) Refund Policy- PRE CLOSING DATE

This form is to be used if you are applying for a refund before the exam enrolment closing date. Please note the following:

- You do not need to submit any supporting documentation with this form
- No administration fee will be charged

Candidate Name: _____

Actuaries Institute Membership Number: _____

Actuarial Reference Number (ARN)_____

Subject Number: _____

Exam Date:_____

Exam Location: _____

REFUND DETAILS

☐ REASON FOR REQUEST:

_____

_____

_____

☐ REFUND METHOD (please tick appropriate, must be the same method you used to pay for your exam entry)

- ☐ Cheque
- ☐ Direct deposit
- ☐ Credit Card
  - ☐ VISA
  - ☐ AMEX
  - ☐ MASTERCARD

Card No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date: ☐☐☐☐

Signature: _____Date: _____

Privacy policy: Your privacy is important to us. The collection use and disclosure of personal information by the Actuaries Institute is covered in our Privacy Policy which is available at http://www.actuaries.asn.au/sitefunctions/PrivacyPolicy.aspx

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