



Please attach
two (2)
Passport size
Photographs

APPLICATION FOR EXAMINATION

EX /

Part A - Information of the Examination *Please select (✓) the examination you wish to sit for*

YLE	GENERAL ENGLISH		BUSINESS ENGLISH	TKT
Starters <input type="checkbox"/>	KET <input type="checkbox"/>	KET for School <input type="checkbox"/>	Preliminary <input type="checkbox"/>	Module 1 <input type="checkbox"/>
Movers <input type="checkbox"/>	PET <input type="checkbox"/>	PET for School <input type="checkbox"/>	Vantage <input type="checkbox"/>	Module 2 <input type="checkbox"/>
Flyers <input type="checkbox"/>	FCE <input type="checkbox"/>	FCE for School <input type="checkbox"/>	Higher <input type="checkbox"/>	Module 3 <input type="checkbox"/>
	CAE <input type="checkbox"/>	CPE <input type="checkbox"/>		CLIL <input type="checkbox"/> YL <input type="checkbox"/>

Please select (✓) the examination session you prefer

JAN <input type="checkbox"/>	FEB <input type="checkbox"/>	MAR <input type="checkbox"/>	APR <input type="checkbox"/>	MAY <input type="checkbox"/>	JUN <input type="checkbox"/>
JUL <input type="checkbox"/>	AUG <input type="checkbox"/>	SEP <input type="checkbox"/>	OCT <input type="checkbox"/>	NOV <input type="checkbox"/>	DEC <input type="checkbox"/>

Please select (✓) the mode you prefer

Paper based Computer based

Please select (✓) the date you prefer

Week Days Week Ends

Part B - Personal information *Please write in BLOCK CAPITALS*

Title Mr. Mrs. Ms. Other Gender Male Female

Please write your name as it appears in your Passport or Birth Certificate. Please note Maximum of 40 characters allowed.

Name

Address

Zip/Postal Code Date of Birth

First Language Nationality

Please indicate which document you will be using for exam as proof of identity

NIC Passport Postal Identity Card Other

NIC/Passport/Postal IC No.

Tel. No. M O B I L E Tel. No. R E S I D E N C E

Contact Person

Tel. No. M O B I L E Tel. No. R E S I D E N C E

E-mail

Please state how you studied for this examination

Self Studies

School (Please specify the School)

Other (Please specify the Institute)

We process the personal information you have given in this form either in print or electronic form in accordance with the UK's Data Protection Act, 1998. We may also use your personal details to send you information on our activities. Please sign below to confirm that you understand and agree to these conditions.

____/____/____
Date :

Applicant's Signature

Part C - For Office Use Only

CENTER NO.	LK091
CENTER NAME	INTERNATIONAL EXAMINATION SERVICES
RECEIPT NO.	
CANDIDATE NO.	
SPECIAL NOTE	

----- SIGNATURE	-- / -- / -- DATE
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