

Authorised Exam Centre

## Application for YLE Examination

Please select (✓) the examination you wish to sit for

<b>YLE (Cambridge English)</b>					
Starters	<input type="checkbox"/>	Movers	<input type="checkbox"/>	Flyers	<input type="checkbox"/>

Please attach  
two (2)  
Passport size  
Photographs

Please write in **BLOCK CAPITALS**

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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(Please write your name with initials as it should appear on your Cambridge Certificate)

Name																								

Address																								

Zip/Postal Code					
First Language					

Date of Birth	D	D		M	M		Y	Y	Y	Y
Nationality										

Contact Person (Parent/Guardian/Teacher)																				
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

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 from in accordance with the UK's Date 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 :

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Applicant's Signature

### For Office Use Only

<b>RECEIPT NO.</b>	
<b>SPECIAL NOTE</b>	
----- SIGNATURE	____/____/____ DATE