Cambridge Assessment English

Authorised Exam Centre

INTERNATIONAL EXAMINATION SERVICES

Application for Foundation Examination

Please attach two (2) Passport size Photographs

Gender Male ☐ Female ☐

Please write in BLOCK CAPITALS

(**Please write your name with initials as it should appear on your Certificate**)

Name (Mr/Mrs/Ms/Rev)																				

Address																				

Zip/Postal Code							Date of Birth	D	D		M	M		Y	Y	Y	Y
First Language							Nationality										
NIC/Passport/Postal IC No.																	

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)	

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Date :

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Applicant's Signature

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SPECIAL NOTE	
_____ SIGNATURE	___/___/_____ DATE

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