



**INDIVIDUAL ENTRY FORM FOR CAMBRIDGE ESOL EXAMINATIONS**

Please complete session and level:

Session (write month and date) \_\_\_\_\_ Year 20 \_\_\_\_\_

**EXAM LEVEL: (Please circle *or* underline)**

|                         |                |                |                   |
|-------------------------|----------------|----------------|-------------------|
| KET                     | KET f/ Schools | PET            | PET f/ Schools    |
| FCE (First Certificate) | FCE f/schools  | CAE (Advanced) | CPE (Proficiency) |
| BEC Preliminary         | BEC Vantage    | BEC Higher     |                   |

**Please remember to attach proof of payment!! (Banque Raiffeisen Haut Plateau, 3971 Chermignon , Sally R. Mayor, Cambridge Examinations, 3962 Montana, CCP 19-8313-5, Clearing no. 80615, Account number 21838.19 :IBAN CH86 8061 5000 0021 83819**

**CANDIDATE’S NAME AND ADDRESS with accents if applicable (CAPITAL LETTERS) :**

|                                       |   |
|---------------------------------------|---|
| *FIRST NAME (S):                      | .....   |
| *FAMILY NAME(S):                      | .....   |
| *ADDRESS:                             | .....   |
| *POSTAL CODE and TOWN/CITY...../..... | .....   |
| *PRIVATE EMAIL ADDRESS                | .....   |
| TEL:                                  | *Private:..... Work:.....                                     |
|                                       | *Natel:.....  |
| *DATE OF BIRTH: day/month/year.....   | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| <b>* must be completed</b>            |   |

|   |
|---|
| <b>*Present school / teacher if in public school:</b><br>Company (optional) |
|---|

I wish to enrol for the above examination. I agree to pay the fee and comply with the regulations, the Terms and Conditions as well as with the arrangements made by the Centre Exams Manager.

Signed:..... Date:.....

This form is to be printed, completed and signed before sending back to the address below.

**Please feel free to photocopy this form**