

YOU MUST SUBMIT THE BANK DEPOSIT SLIP, THE COMPLETED REGISTRATION FORM, PASSPORT PHOTO AND COPY OF ID/PASSPORT **5 WORKING DAYS BEFORE YOUR EXAM DATE. Failure to submit the above by the required deadline will result in the cancellation of your exam**

NAME OF THE INSTITUTION / EXAM BOARD _____

What MONTH Is the Exam? _____ What DATE is the exam ? _____

Candidate Passport Photo

SECTION 2: we need *accurate* information to be able to contact you at short notice. Please ensure that your details are correct

1. Family Name _____
2. Other name(s) _____
(These names **MUST** be the same as the names on your national identity document/ passport)
3. P O Box _____ Code _____ Town _____
4. Mobile phone number. _____ (We may use your phone number to send you SMS with details about your exam, or last minute changes.)
5. Date of Birth ____/____/____ Sex F / M (circle as appropriate)
5. E-mail address _____
6. Nationality _____
7. Do you have any special needs due to health/medical conditions? _____

If yes, please specify your requirements below and **ask to see our leaflet on Special Arrangements. You must also notify the Exams Office in writing and at least a month in advance of your exam date or as soon as your exam date is confirmed**

NOTE: FOR REFUNDS, PLEASE ASK TO SEE OUR REFUNDS POLICY

Disclaimer

The British Council and the Examining Boards take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible. The British Council's liability will be limited to the refund of the registration fee or re-testing at a later date. Kindly note that electronic items are not allowed permitted in the building. Mobile phones and personal belongings are not permitted in the exam room

Candidate's Signature _____ **Date** _____

For Office use only _____ papers @ _____ = _____ CST Admin Name _____	Date of Exam ____/____/____
	Date of Payment ____/____/____
	Amount Paid _____