

TOEIC TEST APPLICATION FORM
Personal Information

Family name:	Given names:
Date of birth (dd/mm/yyyy):	Nationality:
Passport number:	Gender:
Address:	Telephone number: E-mail address:
Your name as you would like it to be written on the certificate/score sheet:	
Number of TOEIC tests previously taken:	Date and location of last test:

TOEIC Test Options

I would like to take the TOEIC Test at CCEL Christchurch on (dd/mm/yyyy): _____

I would like to take (please tick):

- Public TOEIC L&R Test and Score Sheet - \$230
- OR**
- Public TOEIC L&R Test, Score Sheet with photo and Certificate - \$268

Please send my Test and Score Sheet by:

- Local post – FREE (**at your own risk**)
- OR**
- Local courier - \$15
- OR**
- International courier - \$40
- OR**
- I (or the person nominated below) will collect my certificate/score sheet from CCEL

Please send my results:

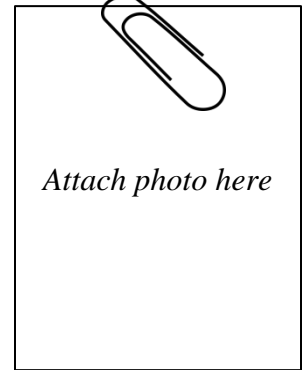
- I would like my electronic results emailed to me (ahead of the posted results)
- I would like my results sent directly to another person/agency:

Identification

Please attach (but do not glue) a passport-sized photo here. On the back, please write your name and ID number (**this is your passport number without the letters**)

On the day of your test, please remember to bring:

- One more **passport photo**
- **Your passport** (we will check your ID against your passport).



How did you hear about the CCEL public exam centre?

Declaration

I declare that the information I have provided is true and correct. I understand that I must present photo identification on the day of the test. I confirm that I will pay all fees at least 10 days before the test date and that there will be no refund if I cancel or do not attend the test.

Signed on behalf of the candidate:

Signature: _____ Date: _____

Signed by the candidate:

Signature: _____ Date: _____