

Cambridge English Examinations Centre

Valais –Vaud East Centres

INDIVIDUAL ENTRY FORM FOR CAMBRIDGE ENGLISH EXAMINATIONS

Please complete Venue, session and level (circle):

Valais

Vaud East

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

Session/Month _____ Date _____ Year 20 _____

Please remember to attach proof of payment!! (Banque Raiffeisen Haut Plateau, 3971 Chermignon , Cambridge Eng Exams Centre Valais, 3975 Randogne, CCP 19-8313-5, Clearing no. 80615, IBAN CH74 8061 5000 0032 1553 3)

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"/>
* must be completed
*Present school / teacher / company (optional):
Name of partner for Speaking exam (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. If sending this form via email I agree to the above.

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

This form is to be completed and signed before sending back to the address below or via email.

Please feel free to photocopy this form

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