



Please attach two (2) Passport size photographs

BUSINESS ENGLISH CERTIFICATE (BEC)

Please select (X) the examination you wish to sit for

BEC- Preliminary BEC- Vantage BEC- Higher

Please Underline the examination session you prefer
February/March/April/May/
June/September/November
/December

Please select (X) the mode you prefer
Paper based Computer based

Complete the form in CAPITAL LETTERS
Please write your name as it appears on your Passport or Birth Certificate. Please note maximum of 40 characteristics are allowed.

NAME (Please underline Surname)

DATE OF BIRTH Postal/NIC/Passport No

NATIONALITY FIRST LANGUAGE

ADDRESS

TELEPHONE No FIXED LINE MOBILE E-MAIL

Please state where you studied for this examination

Self Study School Other (Please Specify the Institute)

We will process the personal information you give on this form either in print or electronic form in accordance with the UK's Data Protection Act, 1998. We may also use your personal details to send you information on our activities. Please sign below to confirm that you understand and agree to these conditions and all other conditions stated on the reverse of this form.

Signature _____ Date ____/____/____

OFFICIAL USE ONLY

CENTER No LK 115 CENTER NAME SKILLS FOR LIFE
CANDIDATE No RECEIPT No

NOTE SIGNATURE
DATE DD / MM / YY