



Please attach two (2) Passport size photographs

FIRST CERTIFICATE IN ENGLISH/ CERTIFICATE IN ADVANCED ENGLISH

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

First Certificate In English (FCE) First Certificate in English (FCE) For Schools Certificate in Advanced English (CAE)

Please select (X) the mode you prefer

Please underline the examination session you prefer
January/February/March/April/May/June/July/ August/
September/October/November/ December

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 [Grid] DATE OF BIRTH [D][D][M][M][Y][Y][Y][Y] Postal/NIC/Passport [] 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