



**INDIVIDUAL ENTRY FORM FOR CAMBRIDGE ESOL EXAMINATIONS**

Please complete session and level:

Session (write month and date) \_\_\_\_\_ Year 20 \_\_\_\_\_

**EXAM LEVEL: (Please circle)**

KET      KET f/ Schools      PET      PET f/ Schools

FCE                      CAE                      CPE

BEC Preliminary                      BEC Vantage                      BEC Higher

**Please remember to attach proof of payment!! (Banque Raiffeisen Haut Plateau, 3971 Chermignon , Sally R. Mayor, Cambridge Examinations, 3962 Montana, CCP 19-8313-5, Clearing no. 80615, Account number 21838.19 : IBAN CH86 8061 5000 0021 83819**

**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:	.....MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

<b>Present school /company / teacher (optional):</b>	
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I wish to enrol for the above examination. I agree to comply with the Syndicate’s regulations and with the arrangements made by the Local Secretary of the Valais centre.

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

This form is to be printed, completed and signed before sending back to the Local Secretary Valais.

**Please feel free to photocopy this form**