



Language School Resitting Application Form



LEVEL: _____

EXAM PERIOD: _____

ONLINE

PAPER

LANGUAGE SCHOOL CODE: G	BUSINESS TITLE:	OWNER'S NAME:
TELEPHONE:	MOBILE:	E-MAIL:
PREFECTURE:	CITY/AREA:	ADDRESS:
P.C.:	BANK NAME:	IBAN:
BENEFICIARY NAME:	TAX OFFICE:	VAT NO:

First Name	Surname	Father's Name	Date of Birth	ID/Passport	Email (mandatory)	Mobile Phone (mandatory)
			__ / __ / __			
			__ / __ / __			
			__ / __ / __			
			__ / __ / __			
			__ / __ / __			
			__ / __ / __			

Please, complete all **candidates**' personal details with capital letters and Latin characters according to EL0T and the candidate's I.D./Passport

GDPR Statement (It is obligatory to tick the boxes below.)

I undertake a warrant that I, the signatory person,

am legally entitled, to submit the above personal data and the relevant documentation to UCert, bearing all legal liability and I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/and forwarding, to Open College Network West Midlands or any other third party, for the cause of registration and participation to Open College Network West Midlands Certificate in ESOL International exams.

By sending this candidate list, I declare that I have been informed of the company's commercial policy and its receipt on behalf of the company indicates the fulfillment of the contractual obligations to its second party, as they result from the commercial policy, which is located in the field "partners" on UCert's website.

School Owner's Name _____

Signature _____

Date _____