



Language School Application Form

LEVEL: _____

EXAM PERIOD: _____

ONLINE

PAPER

LANGUAGE SCHOOL CODE: UGR	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 ELOT 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 OCN London, 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 any other third party, for the cause of registration and participation to OCNLR 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 our on-line Portal.

School Owner's Name _____

Signature _____

Date _____