

# Cambridge English Exam Registration Form



5/F Cigna Tower, 482 Jaffe Road  
Causeway Bay, Hong Kong  
Tel: 2711 1280 Fax: 2711 8007  
E-mail: exams@esf.org.hk

Please complete in **BLOCK LETTERS** *Personal information is collected for registration administration only*

Section 1 – CANDIDATE DETAILS			
Name (in English)	Family Name	Given Name	English Given Name
Please attach a copy of the candidate's ID card <b>or</b> birth certificate.		ID Number	
Date of Birth (dd/mm/yy)		Age (yy/mm)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Is the candidate a student with ESF Educational Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Location
Does the candidate have any special needs caused by ill health / a medical condition? If so, please specify her/his requirements and attach supporting medical evidence to this form.			

Section 2 – CONTACT DETAILS			
Name of Contact Parent / Guardian			
Home Phone		Mobile Phone	
How would you prefer to receive future communications about the exam? <input type="checkbox"/> E-mail <input type="checkbox"/> Post			
E-mail			
Postal Address			
Flat/House	Floor	Block/Tower	Building
		<input type="checkbox"/> HK	<input type="checkbox"/> KLN <input type="checkbox"/> NT
Street/Road	District	Area	

Section 3 – EXAM DETAILS			
Cambridge Young Learners English Exams		Cambridge Main Suite English Exams	
Starters (HK\$465) <input type="checkbox"/>	Movers (HK\$515) <input type="checkbox"/>	Flyers (HK\$565) <input type="checkbox"/>	KET (HK\$880) <input type="checkbox"/> PET (HK\$980) <input type="checkbox"/>
Exam Date (1 <sup>st</sup> Choice)	Location		
Exam Date (2 <sup>nd</sup> Choice)	Location		
<input type="checkbox"/> Please tick <input checked="" type="checkbox"/> if you wish to be consulted before the candidate is allocated a 2 <sup>nd</sup> Choice Exam Date/Location			

Section 4 – PAYMENT DETAILS			
<input type="checkbox"/> Cheque Payment (Cheque # _____) Please make your cheque payable to <b>ESF Educational Services Limited</b>			
<input type="checkbox"/> Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB <b>We do not accept American Express</b>			
Credit Card No.	_____ — _____ — _____		
Expiration Date (mm/yy)		Amount to be charged	HK\$
Cardholder's Name	Cardholder's Signature		
By signing, I hereby authorise ESF Educational Services Limited to charge the specified credit card account in the indicated amount. I promise to pay such total subject to and in accordance with the agreement governing the use of such card.			

Section 5 – CONSENT DETAILS	
<p>In enrolling my child for a Cambridge English Exam with ESF Educational Services Limited (ESL), I agree that my child will abide by the rules and regulations set out for the conduct of such exams and available in the Cambridge section of <a href="http://www.esf.org.hk">www.esf.org.hk</a>. I will not hold ESL responsible for any injury or damage to my child, myself, my family members or my property as a result of participation in a Cambridge YLE exam.</p> <p>I understand that a communication confirming the exam time will be sent ONE WEEK before the exam. If I do not receive the communication THREE DAYS before the exam I will contact ESL immediately.</p>	
Signature of Contact Parent / Guardian	Date

Thank you for choosing to take your Cambridge English exam with ESF Educational Services Limited