



CIE APPLICATION FORM

Registration Period: Oct/Nov 2016

If you have taken Cambridge exams before please supply the details below:

Centre Number:

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SECTION A-PERSONAL DETAILS

First name :																				
Other names:																				
Surname:																				
<i>Please write your full name in BLOCK letters as you would like it to appear on your certificate. Any inaccuracies must be reported in writing to the British Council immediately</i>																				

STUDENT

Gender (please tick) <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <div style="text-align: center; font-size: 2em; opacity: 0.5;">DD MM YYYY</div>																			
		South African ID Number or Valid Passport Number																		
Physical Address:																				
<i>Please include PHYSICAL address as a postal address will not be accepted</i>																				
Mobile:											Other Contact Number:									
Email:																				

PARENT/GUARDIAN

Mobile:											Other Contact Number:									
Email:																				
<i>Pease note all communication will be sent to parent/guardian of student under the age of 18</i>																				

PREFERRED CENTRE (Please tick the appropriate centre)

Johannesburg	
Cape Town	

BLOCK CAPITALS ONLY: Please ensure that every letter / number is clear

Candidates must ensure that the entry details are accurate. Any changes made after the registration documents have been submitted to Cambridge will be charged a penalty fee plus a fresh registration fee.

Exam Level e.g IGCSE	Subject Name	Syllabus Number	Option Code	Fees

Bank Details

Payment by EFT will result in quicker processing of your application or any refunds if required.

Bank Name: Nedbank
Account name: SCB – BRITISH COUNCIL
Account number: 145-41169-19
Branch name: Corporate Client Services JHB
Branch code: 145405
Use Reference: Name Surname/CIE/Nov

NB: The British Council does not administer exams with coursework.
Language subjects with oral components can only be done in Johannesburg.

The following languages are available:

- | | |
|---------------------|------------------|
| - German | - Italian |
| - Russian | - English |
| - Portuguese | - Chinese |
| - Spanish | |

Please visit our website on: <http://www.britishcouncil.org.za/exam/school/register/private> for a list of Practical subjects you may apply for.

By submitting this application form I confirm that I have read, understand and I agree to the terms set out in the guidance notes attached to this application form. I confirm that all the information I have given is the truth and is accurate to the best of my knowledge and belief.

Signature: _____

Date: ____/____/____

DISCLAIMER: Your personal data will only be used for internal purposes of British Council and for registration with CIE. British Council is committed to deliver the examinations services according to the rules and regulations set by CIE. However, we cannot be held responsible for any interruptions which are caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible.

I.....being the **parent/guardian** of.....

Candidate Numberwho is sitting for **his/her Cambridge Oct/Nov 2016 Examinations**, agree that my child takes these examinations with the British Council at the British Council venue, under the British Council venue staff supervision.

I understand that the British Council will supervise my child at the examination venue only for the duration of the exam, and that it is my responsibility to ensure that my **son/daughter** arrives and departs from the venue safely at the indicated time.

I understand that the British Council will not be held liable for any accidents if I do not comply i.e. I do not collect my child at the stated pick up time.

Should your child be suffering from an illness during the exams period, the British Council will immediately contact you.

I understand that the British Council is only able to arrange any special arrangements my child may need during the examination upon written request prior to the examination date.

Parent/Legal Guardian: Signature: _____

Mobile Number (Parent/Legal Guardian): _____

Date: DD / MM / YYYY