



CANDIDATE INFORMATION

1. Family Name:
- 2.
3. Other name/s:
(These names must be the same as the names on your national identity document / passport.)
4. Address for correspondence:

5. Tel. No: Mobile No:
6. Email:
7. Date of Birth: (day/month/year) Gender:
8. ID Type:
9. ID Document Number
10. Token: (applies only for amendments)
11. Date of the exam

Are you requesting that your certificate is sent to the address above: Yes

AMENDMENT REQUEST

If you require an amendment in your certificate, please tick the box on the information that needs to be corrected:

- | | |
|---|---|
| <input type="checkbox"/> Incorrect Photograph | <input type="checkbox"/> Incorrect Name |
| <input type="checkbox"/> Incorrect Date of Birth | <input type="checkbox"/> Incorrect Gender |
| <input type="checkbox"/> Incorrect ID Document Number | <input type="checkbox"/> Other: |

The information in your certificate will be amended accordingly to the information you registered above

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the EALTS Test Partners to forward a copy of my certificate to the address listed above.

Signature: Date: (day/month/year)