

1) Personal Details – all fields are compulsory

Full Name	First name	Last name	
ID / Passport No		Email	
Contact Numbers	(mobile)	(home / of fice)	
Postal Address			

2) Institution Details – all fields are compulsory

Institution Name			
Person to contact		Department	
Telephone No		Email	

3) List of subjects(s) for examination

If the examination date(s) and time(s) is not yet available, you can still submit this form and contact us as soon as you receive the information.

No. of Paper	Date (dd/mm/yy)	Time	No of hours	Subject(s)	Fee in Rp
1					
2					
3					
4					
5					

4) Declaration

- I herewith agree to abide the Rules and Regulations of the institution and that of the British Council Indonesia Foundation.
- I am aware that fees paid are not refundable.

Signature of candidate		Date: (dd/mm/yy)	
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FOR OFFICAL USE ONLY

No of paper(s)		Total fees Rp	
Board Code		Date	
Sequence No		Receipt No	Collection by