

Individual Entry Form

Period

Exam Centre

Level

***state the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability**

Teacher's ELL

First Name _____

Surname _____

Father's Name _____

Gender M/F _____

Date of Birth _____

Full Address _____

Postal Code _____

City / Area _____

Telephone _____

Mobile _____

Email _____

Fill in with capital letters and latin characters according to ELOT and the candidate's I.D.

Please submit your Registration Form to **Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 – 30**

GDPR Statement: Please it is mandatory to tick one of the appropriate boxes below.
I undertake a warrant that I, the signatory person,
 am personally the subject of the above personal data and the relevant documentation or,
 that I am legally entitled, to submit them to Unicert, 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 Pearson or any other third party, for the cause of registration and participation to Pearson test of English

With the dispatch of the list of candidates I officially declare that I am fully aware of the company's commercial policy. With the receipt of the candidates list by the company, that automatically states the fulfillment of the commitments which occur by the commercial policy, in respect to the second party, which is on our portal (my.unicert.gr). All the above are valid only if the field ELL is completed.

Date.....

Signature.....