

Student Entry Form

Period:

Level:

ELL: Center Name

Address:

Phone: Cell

Exam Centre**:
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No.	CANDIDATE'S FIRST NAME	CANDIDATE'S SURNAME	FATHER'S NAME (INITIAL)	DATE OF BIRTH	FULL ADDRESS*	FEE €

* Street name, number, zip code, city/area ** State the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability Fill in with capital letters and latin characters according to ELLOT and the candidate's papers

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 the box below.

I undertake a warrant that I am legally entitled to submit the above personal data and the relevant documentation 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).

Date

Signature of School Owner