

✘Your PAYMENT RECEIPT and CONFIRMATION LETTER will be sent to you by E-MAIL✘

****Please use BLOCK LETTERS and attach a copy of your child's ID CARD or BIRTH CERTIFICATE****

PART 1: Candidate Details

Name in English _____
Family Name *Other Name(s)*
(Please write name as shown on your child's ID card / birth certificate)

Date of Birth _____ D _____ M _____ Y HKID / Passport no (Compulsory) _____

Address _____

E-mail (Compulsory) _____

Are you registering through a school / an education centre? Yes, please state its name _____
 No

PART 2: Examination Sessions

For available examination dates, please refer to our 2015 Examination Date Schedule printed at the back of this form, or visit our website at <http://www.britishcouncil.hk/en/exam/cambridge> > 'Dates, costs and locations'.

Level of examination: Starters (HK\$525) Movers (HK\$585) Flyers (HK\$655)

First choice for examination date* _____ (AM / PM)

Second choice for examination date* _____ (AM / PM)

**If your first choice is full, the British Council reserves the right to allocate the candidate to the second choice without prior notice*

PART 3: Payment Options by Mail or Fax

By Cheque: Cheque Number _____ (payable to British Council)
Please mail the registration form and cheque to British Council, 3 Supreme Court Road, Admiralty, Hong Kong.

By Credit Card: VISA MasterCard
Complete your credit card details below and fax the registration form to 2913 5172. Faxed registrations without credit card details will NOT be accepted or processed.

Credit Card Number _____ - _____ - _____ - _____

Cardholder's Name _____ Expiry Date (MM/YY) ____/____

Cardholder's Signature _____

By signing, I hereby authorise British Council to charge the specified credit card account for the indicated amount. I promise to pay such total subject to and in accordance with the agreement governing the use of such card.

PART 4: Additional Arrangements

Do you have any additional needs due to ill health / medical conditions? If yes, please specify your requirements here. You must attach supporting medical evidence to this form. _____

PART 5: Parent / Guardian Details

I understand that an e-mail confirming the examination time will be sent ONE WEEK before the examination. If I do not receive the e-mail THREE DAYS before the examination, I will have to contact Examinations Services immediately.

We may use your details to send you information about British Council offers, discounts, events and services which you may find of interest. Please tick this box if you do not wish to receive the information.

Name of Parent / Guardian _____ Mobile Number (Compulsory) _____

Signature of Parent / Guardian _____ Date _____

Disclaimer: The British Council and the Examining Boards take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions 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. The British Council's liability will be limited to the refund of the registration fee or retesting at a later date.

APPENDIX: Examination Dates (Jan – Aug 2015)

Month	Exam date	Registration Period	
		Start date	End date
January	4 Jan am	3 Oct 2014	28 Nov 2014
	18 Jan am/pm		12 Dec 2014
February	8 Feb pm	3 Nov 2014	2 Jan 2015
	15 Feb am/pm		9 Jan 2015
March	1 Mar am	1 Dec 2014	23 Jan 2015
	15 Mar pm		6 Feb 2015
	29 Mar am/pm		18 Feb 2015
April	12 Apr am/pm	2 Jan 2015	6 Mar 2015
	19 Apr am		13 Mar 2015
	26 Apr pm		20 Mar 2015
May	10 May am	2 Feb 2015	2 Apr 2015
	24 May am/pm		17 Apr 2015
	31 May am/pm		24 Apr 2015
June	7 Jun am	2 Mar 2015	30 Apr 2015
	14 Jun pm		8 May 2015
	21 Jun am/pm		15 May 2015
	28 Jun am/pm		22 May 2015
July	12 Jul am	1 Apr 2015	5 Jun 2015
	19 Jul am/pm		12 Jun 2015
	26 Jul am/pm		19 Jun 2015
August	16 Aug am/pm	4 May 2015	10 Jul 2015
	23 Aug am/pm		17 Jul 2015
	30 Aug am/pm		24 Jul 2015