



**APPLICATION FORM for May / June 2019 Examinations**  
 (Office Use Only) Candidate Number  

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**This form is to be completed by a private candidate taking Cambridge IGCSE, GCE 'O', 'AS & A Levels**  
 For re-takes and A2 subjects, please supply your previous Cambridge Centre and Candidate Number:

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**Personal Information**

*(tick as appropriate)*

Full name in capital letters <b>(Surname then first names</b> as you would want them to appear on your certificate)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	(dd/mm/yyyy)	Age
School / College	ID number	
Your present address (Mandatory)	Nationality	
	Telephone	
	Mobile (Mandatory)	
Email (Mandatory)		
Parent / Guardian name	Mobile	

**British Council Examination Centres**

Specify with a tick, the centre at which you intend to sit for your examinations	Harare <input type="checkbox"/>	Bulawayo <input type="checkbox"/>
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Exam	Number of Subjects registered	Exam Fee per subject	TOTAL
GCE O level			
IGCSE			
AS/A2 level			
A level			
<b>TOTAL PAYMENT</b>			

*Special Requirements (if any):*

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By submitting this application form I confirm that I have read, understand and agree to the terms set out in the guidance notes attached to this application form. I confirm that all the information I have given is the truth and is accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If candidate is below 18 years, the parent/legal guardian should sign.**

**DISCLAIMER:** Your personal data will only be used for internal purposes of British Council and for registration with CIE. British Council is committed to deliver the examinations services according to the rules and regulations set by the CIE. However, we cannot be held responsible for any interruptions which are 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.

**OFFICE USE ONLY**

Date App Rec. | Receipt # | Payment Date| Exam Officer