

TEST DATE TRANSFER REQUEST FORM

PERSONAL DI	LIAILS							
Title:	Madam Sir							
Last Name:			First Name:				• • • • • • •	
Address:								
Telephone:			Email:					
CHANGE REQ	JEST							
	GISTERED FOR:							
PREFERRED N	EW TEST DATE:							
REQUESTING T	TRANSFER: (Please	select one)						
More than 20 da	ys before the test	(No transf	er fees will be charged)				
Within 20 days	out more than 3 days	(No transf	er fees will be charged	but proper	documenta	tion/eviden	ce needed)	
Within 2 days h	efore the test date	(Will be tr	eated as cancelled and	l only shipp	ing fee will b	e refunded	if paid)	
within 5 days b		. `		, ,,				
within 5 days b								
TEST TAKER	STATEMENT (To be	-)				
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