







## **TCF Registration Form**

GB Language Centre, North York, ON, Canada

SESSION DATE (dd/mm/yyyy) / /

TCF All Public Test	TCF Canada Test	TCF IRN Test		
Computer based Pa	aper based			
<b>Did you ever report to</b> If yes, please indicate yo		Passport Number: Gender: M F		
First Name*		Date of Birth* (dd/mm/yyy	y)	
Last Name*		/ /		
Country		Country of Birth		
City		Postal Code	Postal Code	
Street		Unit/Apartment No.	Unit/Apartment No.	
Email		Nationality	Nationality	
Phone		Common Language	Common Language	
Purpose of Exam:				
NI-41:4:	Desidence Cond			

Naturalization	Residence Card	Validation of level A1	Immigration to Canada
Immigration to Quebec	Studies	Professional reason	Other

To complete your registration, submit this form along with a copy of your passport and payment to be made at GB Language Centre through E-transfer (<u>payments@gblc.ca</u>) or in person or through this payment link <u>https://gblc.ca/pay/</u>

I certify that I have read and agree to the terms and conditions of the registration.

I acknowledge that I read the terms and conditions of sale (available at <u>www.gblc.ca</u>). Registration fees for the TCF are non-refundable.

In case of illness of the candidate, you will be asked to provide a medical certificate that will allow you to postpone your registration fees to the next session.

I hereby certify the accuracy of the information provided. The data collected on this registration form is used for administrative purposes and will not be disclosed to a third-party organization.

Date (dd/mm/yyyy): / /

Signature (Name):

Please email this form to admin@gblc.ca along with a copy of your passport



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