Registration Form

May/June 2020 Examination

Candidate number

All sections must be completed in English. Please ensure that your contact details and information provided are accurate and all necessary documents are attached to this form

Section 1: Candidate Details

Candidate Name (Please write your full name in capital letters as per passport)	Attach photograph
Please attach 1. **2** photographs (*Attach latest photograph)* 2. Iqama copy 3. Passport copy 4. Previous Statement of Result (Applying for AS/A2/AL)	

Date of Birth				Gender	**Male** ○ **Female** ○
	Day	*Month*	*Year*		

Identification details	Number	Expiry Date	Issue Date
Passport			
Iqama			
Saudi ID (for Saudi candidates)			

Contact Details	
Mobile Number 1	
Mobile Number 2	
Email address 1	
Email address 2	

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Section 2: Subject Details

IGCSE / O level

#	Syllabus Name	Syllabus Code	Component Code	Subject Fees	Registration Fees
1					
2					
3					
4					
5					
6					
7					
8					
			Total		

AS/A2/A-Level

#	Syllabus Name	Syllabus Code	Component Code	Subject Fees	Registration Fees
1					
2					
3					
4					
			Total		

Previous centre number		Previous candidate number	

Would you like your certificate to get attested by British council? (200 SR per document)

Yes ○ No ○

----------office use only----------

Total amount:

Date:

Signature:

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Section 3: Special need arrangement

Do you have any special needs (learning difficulties or medical conditions)? ○ **Yes** ○ **No**

If yes, Specify Details,

Details of Evidence Needed:
Attach Medical Report

Section 4: Declaration by candidate OR Guardian

I---------- hereby declare to Emkan Education that all the information given by me in this application is true and correct to the best of my knowledge and belief. I also note that if any of the above statements are found to be incorrect or false or any information or have been suppressed or omitted there from, I am liable to be disqualified and my registration may be cancelled.

I am responsible of any clash in examination from any other Examination board. I respect the No Re-Fund policy and will follow it.

Date:……

Signature of Candidate / Guardian :……

Name :_____

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