

Individual Entry Form

Period

Exam Centre

Level

Teacher's ELL

***state the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability**

First Name _____

Surname _____

Father's Name _____

Gender M/F _____

Date of Birth _____

Full Address _____

Postal Code _____

City / Area _____

Telephone _____

Mobile _____

Email _____

Fill in with capital letters and latin characters according to ELOT and the candidate's I.D.

Please submit your Registration Form to **Unicert**,
98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 – 30

GDPR Statement: Please it is mandatory to tick one of the appropriate boxes below.

I undertake a warrant that I, the signatory person,

am personally the subject of the above personal data and the relevant documentation or,

that I am legally entitled, to submit them to Unicert, bearing all legal liability and

I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/and forwarding, to Pearson or any other third party, for the cause of registration and participation to Pearson test of English

Date.....

Signature.....