



Please attach 1 recent passport size photograph not more than two months old

**CAMBRIDGE INTERNATIONAL EXAMINATIONS (CIE)
REGISTRATION FORM – IGCSE, AS & A Level**

**Examination Session: OCTOBER/NOVEMBER
NOVEMBER RESIT EXAMS
MAY/JUNE**

First Name **Middle Name** **Surname** **Gender** **Date of Birth**
 _____ _____ _____ F / M _____ / _____ / _____
 (Please fill in Block Letters) Day Month Year

SYLLABUS NAME	SYLLABUS CODE	OPTION CODE	LEVEL

Note: Please refer to <http://www.cie.org.uk/qualifications/academic/middlesec/igcse/subjects> to fill in the subjects, provided that there is **no practical test** in the subject requested.

Candidate's full contact address: _____

Postal code: _____ **City:** _____

Mobile No: _____ **Tel No (Home):** _____

Email: _____

For resit candidates: **First Candidate Number:** _____

Examination Session: _____

No of Subjects	No of Subjects	Fees €	Total Amount €
Candidate fee			
Late fee (As applicable)			

Received by: _____

Total Amount €: _____

Bank Receipt No: _____

Deposited date: _____

Declaration by Candidate:

I make this entry according to the provisions of the published regulations, which I have studied.

I have given all the information required truthfully and accurately to the best of my knowledge and belief. I understand that I shall be allowed to sit only for those subjects and papers for which I have entered on this form. I have not made an entry at any other center.

Signature of candidate: _____

Date: _____

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ALPHA Bank account details:

Account number: 1150 0200 2018 908,

IBAN: GR05 0140 1150 1150 0200 2018 908

Please quote your name and CIE in the 'Απολογία' field on the deposit slip.

After completing each payment send the Deposit Slip together with this application form.