

APPLICATION FOR POSTPONEMENT OF EXAM DATE



Language: **Exam Centre:**
Level: A2 - waystage B1 – threshold B2 – intermediate C1 – advanced
ID:
Original exam date you have entered for:

I understand that by filling in the application for postponement my exam will automatically be postponed to the **next exam date**.
An exam can only be postponed **ONCE** to the **next exam date**.

PLEASE FILL IN WITH BLOCK CAPITALS !

Family name:
First name:
Date of birth (DD/MM/YYYY): / /
Address
Country: **Postal Code:** **Town:**
Street, number:
Telephone: **E-mail:**

Please attach the confirmation of payment of €10 here.

....., daymonth year

.....

Signature of applicant