



PART OF **nocn** GROUP

INDIVIDUAL APPLICATION FORM

Exam Period _____

Level
B1 B2 C1 C2

Exam Center* _____

*state the exam center after asking for the consent of the local Palso association
Your statement is not binding and the exam centre can change according to the potential of **PALSO**

Candidate Information

Fill in with **CAPITAL LETTERS** and **LATIN** characters according to ELOT and exactly as they appear on identity card/passport)

First Name

Surname

Father's name

Date of birth Gender : Male Female

Street Name _____ Number Postal Code

City _____ Municipality _____

E-Mail _____

Telephone _____ Mobile _____

IMPORTANT

ΕΠΑΝΕΞΕΤΑΖΟΜΕΝΟΙ ΥΠΟΨΗΦΙΟΙ - REFER CANDIDATES

*Please, put a "P" only in the part(s) that have been **Passed** in past examination(s) and the **REFER ID CODE** from the last examination

REFER ID CODE : _____ Part *

LISTENING	READING	WRITING	SPEAKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All fields are required

I undertake a warrant that the above personal details are correct and I fully and unconditionally accept the terms and conditions of participation in the examinations as stated on the website www.palso.gr

Date _____ Signature _____