

## rman knowledge sprachzentr

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## **Examination Center Cebu**

## ANMELDUNGSFORMULAR / EXAM REGISTRATION FORM

Füllen Sie dieses Formular bitte mit einem schwarzen Stift in Druckbuchstaben aus

		k letters with a black-inked pen
Requirements		Herr / Mr O Frau / Ms O
*	Completely filled out registration form	Nachname (wie im Pass) Last name (as shown in passport)
*	One Photocopy of passport or NBI clearance	<b>\</b>
	(original to be presented on the exam day)	
*	Full payment of examination fee	Vorname ( wie im Pass) First name (as shown in passport)
I would	like to participate for the examination	<b>\</b>
0	ÖSD Zertifikat A1	
0	ÖSD Zertifikat A 2	Adresse Address
0	ÖSD Zertifikat B1 O Modul:	
0	ÖSD Zertifikat B 2	
On exar	n date:	fi .
	ing the examination as a requirement for:	
0	Visa application for Family reunion / Spouse / Fiance(e)	
0	Au-Pair applicant	Land Country
0	University studies	>
0	Work	Telefonnummer (mit Vorwahl) Telephone number (with area code)
0	Others:	<b>\</b>
I am paying the test fee(amount) in/via:		Handynummer (mit Vorwahl) Mobile number (with area code)
0	Cash	E-Mail Email
0	Check (payable to Herbert A. Walter)	Lindii Eindii
0	Door-to-door Money Transfer by LBC or 2Go delivered to	
	HDC-German Knowledge Sprachzentrum (address above)	Geburtsland Country of birth
0	Bank deposit (in Peso)	<b>\</b>
0	Bank deposit (in Euro)	
0	Bank Deposit in Germany by transfer	Geburtsort (wie im Pass) Place of birth (as shown in passport)
Notice:		
Within two (2) days after receiving this registration, you will get an email with details for your payment.		Geburtsdatum (TT-MM-JJJJ) Date of birth (DD-MM-YYYY)
Registering for your exam in four(4) steps:		Staatsangehörigkeit Citizenship
۶	<ol> <li>Registration Form (personal or via website www.gks-cebu.com)</li> </ol>	Muttersprache Native language  ≻
>	II. We send email with payment details	Beruf Occupation
>	III. You pay within 3 days	>
>	VI. Confirmation by OSD for your successful registration	K
• 1 ce	ertify that I have read and understood the examination	I understand that I will not be allowed to take the exam if I am late.

- - I am aware that I should be at the Examination Center at least 30 minutes before the scheduled examination time.
  - I understand that the OSD Examination Center will not issue any further reminder regarding the examination date and time, unless is changed by the Center for a valid reason.
  - I understand that I will be charged the full test fee if I cancel or postpone my test.
  - I certify that the information on this form is complete, true and accurate. I understand, that if any other person attempts to take the examination in my place, both I and such person are liable to
  - I understand that I am required to present my passport or NBI clearance as proof of identification on the exam day and when I claim my test results or certificate.

- I understand that the test results will be available al least two () weeks after the test day.
- I understand that the test results will be released only to the examinee.
- I understand that the work I produce as part of the examination remains the property of the testing center and under no circumstances will be released to candidates or organizations.
- I understand that if I fail the exam, I may view my test paper (upon request in writing within 3 weeks after the exam date) only in the presence of the Exam Coordinator.
- I understand that if the details on this form are not completed, my application may not be processed.

**DATE / Signature**