



Examination Application form

(You can fax the form to: 020-5817767)

Personal data

Last name : _____
First name : _____ M F
Address : _____
Postal code and city : _____
Date and place of birth : _____
Country of birth : _____
Telephone number private : _____
Telephone number work : _____
E-mail private : _____
E-mail work : _____

Examination data

Module name : _____
Office version (ECDL) : 2000 XP 2003
Language of examination : NL UK
Examination location : CVA EXIN
Examination date and time
(contact Martha Krop at CVA) : _____
Have you done an EXIN-
examination before? : Yes No

Payment information

Is this a re-examination? : Yes No
Did you attend the training
course at CVA : Yes No

In case you attended the training course at CVA, the costs of the first examination are included in the course fee. In other cases you will receive an invoice at the address above. If your employer pays the invoice, you have to fill out the employer approval statement below.

Employer approval

The employer declares to pay the costs of the examination.
Name employer organisation : _____
Name contact person : _____
Address : _____
Postal code and city : _____

In case you cancel the exam, there will be no refund of the examination fee.