



Waikato Public Test Center

103 London Street
PO Box 773, Hamilton
New Zealand
Phone: 64 7 8382450
Fax: 64 7 838 2453
Email: info@wie.ac.nz

TOEIC Application Form

Family Name: _____ First Name: _____

Name in print: _____
(Please enter your name exactly as you want it to appear on the certificate and score sheet)

Date of Birth: _____ Sex: M F Nationality: _____

Current Address: _____

Telephone: _____ Mobile Number: _____ Email Address: _____

Have you taken TOEIC before? _____ Date of previous test: _____

TOEIC test centre: _____

I would like to take the TOEIC test on: _____

Application has to be submitted no later than 15days prior to the test date.
Fees : \$200 per student Payment is required on TOEIC Test Application

Payment: Please **send a Cheque** to us with your application form,
Direct Payment to **Waikato Institute of Education** 02-0316-0019787-000 or **Pay at School office**

Declaration: The Information I have provided for this application is true and accurate to the best of my knowledge. I will read the TOEIC Test Examinee Handbook containing TOEIC Test policies and procedures.

Signature of applicant: _____ **Date:** _____

For Office Use only

Acceptable ID sighted & recorded _____	Test Date _____
Fee: \$ _____	Received date: _____ by : Cash / Cheque / Direct debit
Office Signature: _____	Date _____