



WAIKATO INSTITUTE OF EDUCATION

**Waikato Public Test Center**

Level 1 Tower Building, Centre Place  
48 Ward Street, PO Box 773  
Hamilton CBD, New Zealand  
Phone: +64 7 8382450  
Email: [exam@wie.ac.nz](mailto:exam@wie.ac.nz)

# TOEIC Application Form

*Application must be submitted no later than 15 days prior to the test date.*

**Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Name in print:** \_\_\_\_\_  
*(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:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I would like to take the **TOEIC** test on: (dd/mm/yy) \_\_\_/\_\_\_/\_\_\_

Have you taken **TOEIC** before? **Yes / No** (Circle one) **Date of previous test:** \_\_\_/\_\_\_/\_\_\_

**TOEIC** test centre (where you sat **TOEIC** previously): \_\_\_\_\_

- Fees:**
- NZ\$230 includes an official score report with photo
  - NZ\$270 includes an official score report with photo and certificate
  - NZ\$10 for domestic postage

**Payment is required upon applying for TOEIC Test.**

- Payment:**
- Cheque (post with application – Made out to: Waikato Institute of Education)
  - Direct Bank Transfer (Account: Waikato Institute of Education, 02-0316-0019787-000)
  - Pay in cash 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 (sent to Applicant upon receipt of payment).

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*Once you have completed and signed this form, please scan and email to [exam@wie.ac.nz](mailto:exam@wie.ac.nz), or post to Waikato Institute of Education, PO Box 773, Hamilton 3204*

<b><u>For Office Use only</u></b>	
Acceptable ID sighted & recorded: _____	Test date: ___/___/___
Fees paid: \$ _____	Date received: ___/___/___
Office Signature: _____	Paid by: Cash / Cheque / Direct debit
	Date: ___/___/___