



WAIKATO INSTITUTE OF EDUCATION

Waikato Public Test Center

Level 5, 218 Anglesea Street,
Hamilton Central, New Zealand

Phone: +64 7 8382450

Email: exam@wie.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, 06-0158-0975262-00)
 - ☐ 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.nz, or post to Waikato Institute of Education, Level 5, 218 Anglesea Street, Hamilton 3204

For Office Use only

Acceptable ID sighted & recorded: _____ Test date: ____/____/____

Fees paid: \$_____ Date received: ____/____/____ Paid by: Cash / Cheque / Direct debit

Office Signature: _____ Date: ____/____/____