

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Passport #: \_\_\_\_\_

Nationality: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

I would like to take the **TOEIC** test on: \_\_\_\_\_

I would like my Official Score Report and/or Certificate of Achievement to be posted to: **(refer to fees below)**

I will collect my Official Score Report and/or Certificate of Achievement from the South Australian College of English. Please email me at the above email address when my documents are available.

I am currently: studying  working  at \_\_\_\_\_

I am taking the TOEIC Test for:

Progress  Employment  Further Studies  Other

**Fees (Full payment of fees is required on TOEIC Test registration)**

- TOEIC Test & Official Score Report \$180.00
- TOEIC Certificate of Achievement \$30.00
- Postage within Australia \$10.00
- Postage Overseas \$ POA
- TOTAL \$**

*I affirm that the information I have provided regarding this registration is true and accurate to the best of my knowledge. I affirm that I have been advised to read the TOEIC Test Examinee Handbook containing TOEIC Test policies and procedures.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Acceptable ID sighted & recorded

Examinee Handbook emailed to candidate

Payment received : Receipt # \_\_\_\_\_

Registration Processed By (Initial): \_\_\_\_\_

**Please complete the TOIEC Registration Form.**

Bring the form and make payment at our office on Level 1, 47 Waymouth Street, Adelaide

**Or/**

Email a copy to [registrar@sacecoll.sa.edu.au](mailto:registrar@sacecoll.sa.edu.au) along with proof of payment via transfer/deposit

Or/ a copy of the below credit card authority form and a copy of the front and back of your credit card.

Funds Transfer to:

**South Australian College of English**

**Bank Swift Code: wpac au25**

Account Number: 868934

Branch: 035-000

Westpac Bank, King William Street, Adelaide, SA, Australia

## SACE CREDIT CARD AUTHORITY FORM

STUDENT INFORMATION	
Last Name	First Name
Student Invoice Number	
Invoice Amount	+ 1% Bank Fee
Total	

CREDIT CARD DETAILS			
Credit Card Number	/	/	/
Expiry Date	/		
Name on Card			
(Please circle)                      Visa or Master Card			

Signature	Date
Name	

**PLEASE NOTE: You need to include a photocopy of the front and back of your credit card for verification of the card holder signature when you return this authority form by either fax or email.**