



TOLES exam Entry Form

Name	
Surname	
Date of birth	
Address	
Post code	
City / Town	
Telephone	
Mobile phone	
E-mail address	

Examination level (please choose)		
Foundation	Higher	Advanced

Examination session (please choose)			
January	March	June	November

By sending this entry form to the LETC and by ticking the check boxes below this text you confirm that you understand that you are registering to take the TOLES legal English exam with the LETC. All aspects of your Test Registration relating to payment terms, refund, cancellation and transfer are as per the policies stipulated in the Rules and Regulations document available on the LETC website.

You must not submit your test registrations before you have read and understood the **Rules and Regulations**.

I accept the conditions of registration and will observe the TOLES regulations and the LETC arrangements

I agree to the LETC passing on my personal data (name and surname) for registration purposes to the TOLES organisation