



## Examination Centre Registration Form

Organisation Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website URL: \_\_\_\_\_  
Contact person name: \_\_\_\_\_  
Contact person position: \_\_\_\_\_  
Address of where the  
examination will take  
place if different from  
above: \_\_\_\_\_  
\_\_\_\_\_

Do you wish to feature on the TOLES website? Yes  No

Do you wish to have a reciprocal website link? Yes  No

***Please note there is a registration fee of £100 which is payable upon approval of your application.***

I have read and agree to abide by the instructions for invigilating the TOLES examinations.

Signed on behalf of \_\_\_\_\_  
(name of institution)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_