



CALENDRIER ET TARIF DE LA CERTIFICATION

Certification	Dates de l'examen	Dates limite d'inscription	Formes	Tarif
	1) Samedi 14/10/2023	25/09/2023	computer-based	
B2 FIRST	2) Samedi 02/12/2023	07/11/2023	computer-based	144.000 FCFA
BZ FIKSI	3) Samedi 13/01/2024	13/12/2023	computer-based	144.000 FCFA
	4) Samedi 16/03/2024	19/12/2023	computer-based	

* Paiement

Le Paiement se fait:

- Soit par chèque libellé à l'ordre de « **MLCI- lycée international Jean- Mermoz** », soit en espèces à l'accueil de l'établissement.
- Soit par virement bancaire ou dépôt d'espèces directement auprès de nos banques partenaires.

Dans ce cas, la copie de l'ordre de virement doit être **obligatoirement** déposée à l'accueil de l'établissement avant de déposer le dossier complet au secrétariat Cambridge (Bat S3 3ème étage à côté de la salle 303) du lycée Mermoz.

	ECOBANK	BICICI
Référence locale :	CI059 01037 141227725301 18	CI006 01552 010493700021 55
IBAN:	CI93 CI05 9010 3714 1227 7253 0118	CI93 CI00 6015 5201 0493 7000 2155
SWIFT/BIC:	ECOCCIAB	BICICIABXXX

Aucune inscription ne pourra être enregistrée après ces dates et seuls les dossiers complets seront acceptés.

Les sessions ne seront ouvertes que si le nombre minimum de candidats exigé par Cambridge est atteint.





ENTRY FORM FOR CAMBRIDGE ENGLISH EXAMINATIONS FOR EXTERNAL CANDIDATES

Please write the date you wis	sh to register for:	
		ALL candidates must
Certification	Date Chosen (Write the date)	affix a photo here
B2 FIRST		
For the registration, please	attached a copy of the ID used it	is MANDATORY.
Complete the form in CAPIT		
School of Origin	s on your identity card, passport, etc	
Family name		
Given names		
Date of birth		
Address		
Postcode		
Town		
Home telephone		
Mobile phone		
Valid E-mail address (Capital Letters)	Parents: Candidate:	
Type of ID used **	O Passport O Nationa O Resident Permit	al ID O Consulate registration card
ID number	O ROSIGORE FORME	
* The confirmation of entry (COE) will be sent to the given email a	ddress.
	cument you register with is the docum	
Date:		
Signature of candidate:		
Signature of parent for candi	date under age 18:	





Candidates test day photo registration and consent form

Centre Name : Lycée internat	ional Jean-N	Mermoz		
Centre Number : CI 007				
Centre Address : Avenue Mer		•	•	
Centre contact telephone numb 27 22 54 83 74	er: SID +2	225 27 22 54 83 8	33 Poste 2333 /LD	+225
Use this form if you are 17, of form.	r under 17,	years of age. Yo	ou must complete	all sections of this
Exam details:				
Tick the certification and wri	te the appr	opriate date for t	he exam you wish	to register for:
Certifications	tick	Date	7	
B2 First	√		_	
Identification (ID): If you are record the type of acceptabl for each exam component current (not expired) and have	e photo ID otherwise y	used to register ou will not be a	for the exam and	bring the same ID back
ID type that you will bring to the *If you are using your exam result to i ID required by that country's immigrat	mmigrate, use	the		
ID number (e.g. if bringing you is the passport number):	r passport, v	vhat		
Expiry date of the ID listed abo	ve:			
Your details:				
First name(s):		Family name(s):		
These names must be the sam in the same order	e as the na	mes on your pass	port/National Identi	ity Card and must appear
Date of				





Email address: (capital letters)					
Phone number:	Mobile/o Phone number				
Address:	City/tow	'n:			
	Post/zip code:	1			
	Country	:			
Your certificate will be availabl the centre directly. Why are you taking the test?		ng abroad For work		In which country? Other	
Do you need any special arrar example, modified materials for difficulties, or administrative ar because of a medical condition	or visual rangements				
Declaration:					
I am the parent/legal guardian the Cambridge English exam s		ed on this fo	orm and I g	ive consent to	this person taking
I understand that all individual of the Terms and Conditions (a					ed to agree to all
I agree to the candidate being this form and for the date liste and I consent to them having	d here. The candidat	e will bring	a valid pho	oto ID with then	n on the test day,

written papers. I agree for this photo to be held on the secure Cambridge English Language Assessment Results Verification site and viewed as set out below if I give my agreement on behalf of the candidate.

The photo shall only be available to organisations/individuals that I agree to Cambridge English Language Assessment giving the candidate's details to or authorise to view the candidate's result. By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

	Signature	Date
Parent/Guardian		
Signature of candidate		



27 22 54 83 74

Centre Number: CI 007



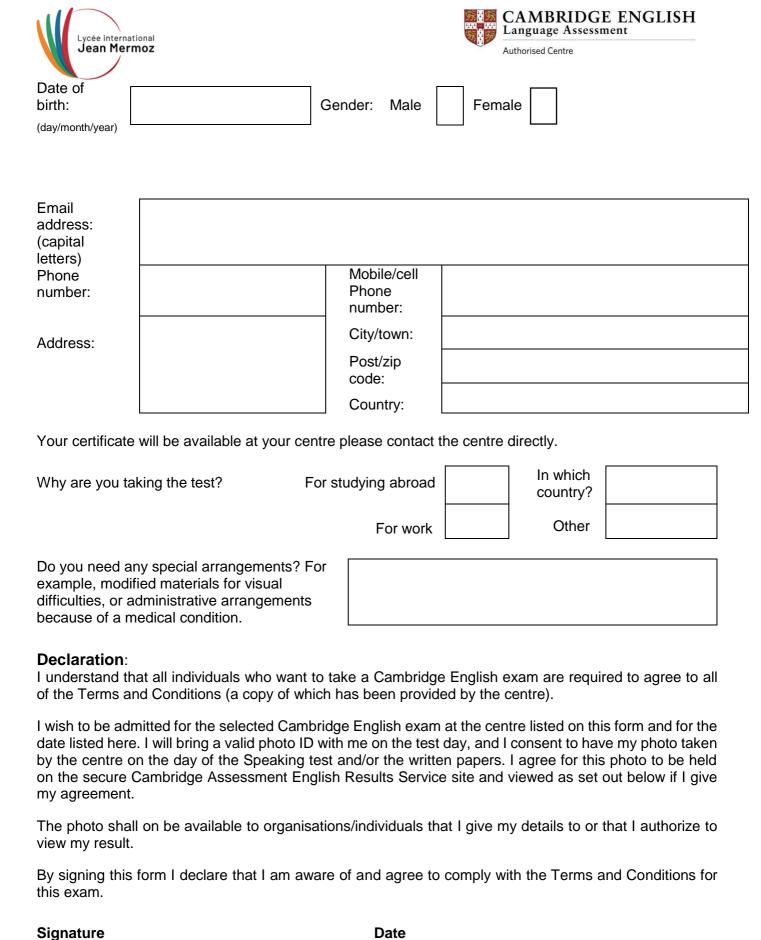
Candidates test day photo registration and consent form

Centre Address : Avenue Mermoz Cocody 08 BP 3545 Abidjan 08 Côte d'Ivoire Centre contact telephone number : STD +225 27 22 54 83 83 Poste 2333 /LD +225

Centre Name : Lycée international Jean-Mermoz

xam details:					
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			•	J	
Certifications	tick	Date			
32 First	ŕ		\neg		
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Lycée international Jean Mermoz - Avenue Jean Mermoz Cocody - 08 BP 3545 Abidjan 08 I Côte d'ivoire - Téléphone : STD +225 27 22 54 83 83 poste 2333 /LD : +225 27 22 54 83 74 Fax : +225 27 22 441 205 www.lijmermoz.org - sandrine.laubion@mlfmonde.org



sandrine.laubion@mlfmonde.org