



CALENDRIER ET TARIF DE LA CERTIFICATION

Certification	Dates de l'Examen	Dates limite d'inscription	Formes	Tarif
C1 ADVANCED	1) Samedi 11/11/2023	16/10/2023	computer-based	
	2) Samedi 25/11/2023	17/10/2023	computer-based	165 000 5654
	3) Samedi 20/01/2024	15/12/2023	computer-based	165.000 FCFA
	4) Samedi 23/03/2024	12/02/2024	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

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Please write the date you wis	h to register for:	
		ALL candidates must
0. 00 0		affix a photo here
Certification	Date Chosen (Write the date)	
C1 ADVANCED	(Willo the date)	
For the registration, please	attached a copy of the ID used it is I	MANDATORY
r or the region anom, produce	and not a copy of the 12 does it is .	
Complete the form in CAPITA		
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 National II O Resident Permit	O Consulate registration card
ID number		
	COE) will be sent to the given email addr cument you register with is the documen	
Date:		
Signature of candidate:		
Signature of parent for candid	date under age 18:	



Centre Number: CI 007



Candidates test day photo registration and consent form

Centre Name : Lycée international Jean-Mermoz

Centre Address : Avenue Me Centre contact telephone nu 74	•		•	25 27 22 54 83
Use this form if you are 17, form.	or under 17, y	ears of age. Yo	u must complete all s	ections of this
Exam details:				
Tick the certification and w	rite the approp	oriate date for t	he exam you wish to r	egister for:
Certifications	tick	Date	٦	
	\(\sqrt{\sqrt{\color{1000000000000000000000000000000000000	Date		
C1 Advanced				
record the type of acceptate for each exam component current (not expired) and had a lip to the state of the passport number): Expiry date of the ID listed above for each exam result to the state of	otherwise you ave a photograme exam* immigrate, use the ation authority. ur passport, when	u will not be a aph.		
Your details:				
First name(s):		amily ame(s):		
These names must be the sa in the same order	me as the nam	es on your pass	port/National Identity Ca	ard and must appear
Date of birth: (day/month/year)	(Gender: Male	Female	
	A.,	Cd CC BB	2545 Abidian 00 L Câta dii	ina Tálánhana CTD





address: (capital letters) Phone number: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Addre					
Phone number: Address: Mobile/cell Phone number: City/town: Post/zip code: Country: Your certificate will be available at your centre please contact the centre directly. Why are you taking the test? For studying abroad Do you need any special arrangements? For example, modified materials for visual difficulties, or administrative arrangements because of a medical condition. Declaration: I am the parent/legal guardian of the candidate named on this form and I give consent to this person taking the Cambridge English exam selected above. I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre). I agree to the candidate being admitted for the selected Cambridge English exam at the centre listed or this form and for the date listed here. The candidate will bring a valid photo ID with them on the test day and I consent to them having their photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge English Language Assessmen	Email address: (capital letters)				
Post/zip code: Country: Your certificate will be available at your centre please contact the centre directly. Why are you taking the test? For studying abroad Do you need any special arrangements? For example, modified materials for visual difficulties, or administrative arrangements because of a medical condition. Declaration: I am the parent/legal guardian of the candidate named on this form and I give consent to this person taking the Cambridge English exam selected above. I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre). I agree to the candidate being admitted for the selected Cambridge English exam at the centre listed or this form and for the date listed here. The candidate will bring a valid photo ID with them on the test day and I consent to them having their photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge English Language Assessment.	Phone	Phone			
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	this form and for the date list and I consent to them havin written papers. I agree for t	sted here. The candidate will b ng their photo taken by the ce his photo to be held on the sec	oring a valid photo ntre on the day of cure Cambridge E	ID with them of the Speaking English Languag	on the test day, test and/or the ge Assessment

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		



Centre Number: CI 007



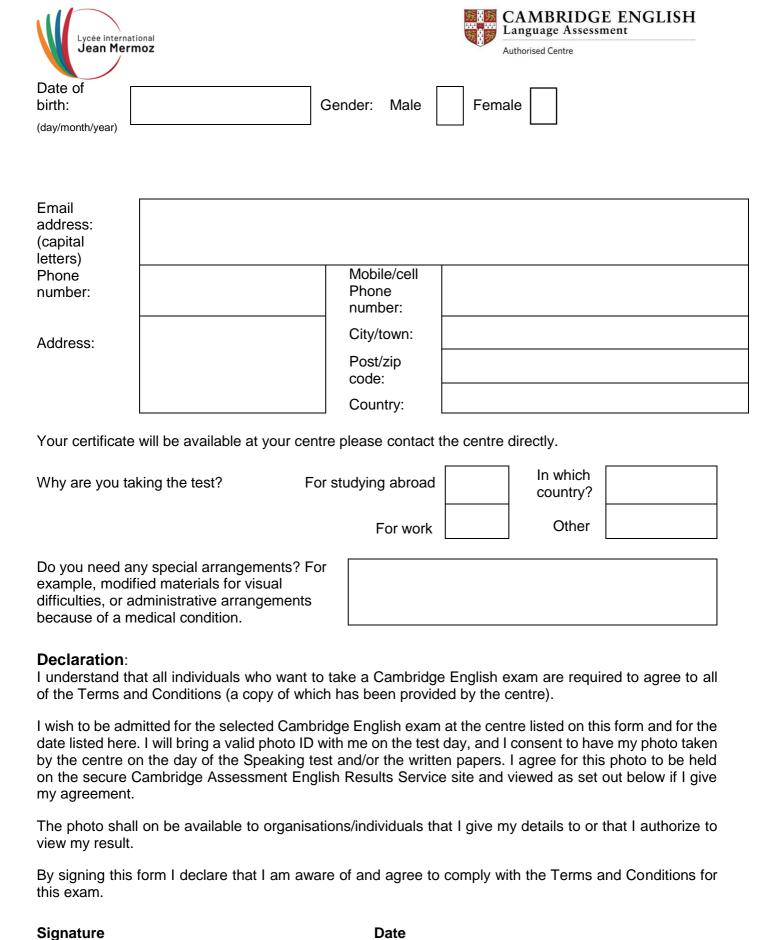
Candidates test day photo registration and consent form

Centre Address : Avenue Mermoz Cocody 08 BP 3545 Abidjan 08 Côte d'Ivoire

Centre Name : Lycée international Jean-Mermoz

Centre contact telephone number 74	: STD +22	5 27 22 54 83 83	3 Poste 2333 /LD +22	25 27 22 54 83
Jse this form if you are 18, or ov	er 18, year	s of age. You n	ust complete all se	ctions of this form.
Exam details:				
Fick the certification and write th	e appropri	ate date for the	exam you wish to I	egister for:
Certifications	tick	Date		
C1 Advanced				
record the type of acceptable phore each exam component other current (not expired) and have a D type that you will bring to the example of the type are using your exam result to immigent to the example.	rwise you photograp am* rate, use the	will not be allo		
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Your details:				
First name(s):		mily ne(s):		
These names must be the same as n the same order	the names	on your passpo	rt/National Identity C	ard and must appear

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



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