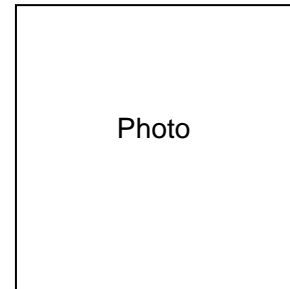


Application Form European Center

Centre de test de langues Paris Eiffel
ESCE
10, rue Sextius Michel
75015 Paris France

Email : testcenter@campuseiffel.fr



LAST NAME FIRST NAME.....

CHOSEN PROGRAMME AT THE BCT:

Level A

BCT Listening/Reading (50 euros)

Level B

BCT Listening/Reading (70 euros)

ADRESS :.....

.....

TELEPHONE:.....

E-MAIL:.....

DATE AND PLACE OF BIRTH (date et lieu de naissance) :.....

NATIONALITY:.....

ID NUMBER (N°Carte d'identité) :

or

PASSPORT ID (N° de passeport) :.....

PERSON TO CONTACT IN CASE OF EMERGENCY: (NAME, ADRESS, TEL)

.....

Date and Sign