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|  |  |  |  |  | Cambridge Candidate No |  |   |  |
|  |  |  |  |  | Edexcel Candidate No |  |   |  |
|  |  |  |  |  | AQA Oxford Candidate No |  |  |  |
|  |  |  |  |  | Exam Session |  |  |  |
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| Please ensure that your contact details and information provided are accurate and all necessary documents are attached to this form in order to prevent any delay in processing your application. |
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| **Name in capital letters\*** |
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| Date of Birth\* | Gender\* | ID Type\* | ID Valid until\* |
| DD | MM | YY | O Male | O Passport | DD | MM | YYYY |
|   |   |   |   |   |   | O Female | O Civil ID |   |   |   |   |   |   |
| **Civil ID / Passport Number***This ID must be brought to the examination venue. All candidates are required to attach a copy of their valid Passport and Kuwaiti Civil ID.* |
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| **Contact details (Please use numbers that are always attended)** |
| Telephone |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
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| **Please mention your medical condition here (eg Diabetic, Dyslexia) :**  |
|  |
| **Please specify your special needs here (For eg Extra time, Scribe, Reader etc):**  |

**I understand that all special needs requests are subject to approval from CAIE, Edexcel or AQA Oxford board. I confirm that the information provided is true and accurate to the best of my knowledge.**

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| **CANDIDATE SIGNATURE** |  | **DATE** |  |

**BY TICKING THIS BOX, YOU ARE AGREEING TO RECEIVE FURTHER DETAILS OF THE BRITISH COUNCIL ACTIVITIES, SERVICES, PROMOTIONS AND EVENTS.**