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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 | | | | |
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| **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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please mention your medical condition here (eg Diabetic, Dyslexia) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.**