

**Application Form for Goethe Institute Certificate Examinations A1/A2/C1
Non-Modular Examinations****Candidate's details - Fill in block letters - ALL FIELDS MUST BE FILLED IN**

Surname: _____ First Name/s: _____

Address: _____

Email address: _____ Mobile No.: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Examination applied for (mark with an "X" in appropriate box):

Goethe Zertifikat A1 – Start 1	€50		Goethe Zertifikat C1	€25	
Goethe Zertifikat A2	€50				

Applicants with a disability or with special needs and who require special assistance during the examination are to inform the examination centre. Any such claim must be supported by acceptable evidence of disability as directed by the examination centre. All claims will be evaluated in accordance with the relative Terms & Conditions issued by the Goethe Institute.

Check GMC website for Examination Time Table.

This application form, completely filled in and signed, is to reach the German-Maltese Circle **by not later than Wednesday, 30th March 2022.**

Applications accompanied by the relative examination fee can either be submitted at the German-Maltese Circle's office or else sent by post. Cheques should be made payable "German-Maltese Circle". Do not send cash by post! Direct Bank Transfer is also accepted. **Examination fees are non-refundable for whatever reason.**

Information on examination dates, time, place and other relevant points will be sent to all applicants.

I confirm that the information submitted is correct and I also state that I will abide by the regulations governing the running of this examination a copy of which is available on the German-Maltese Circle's website .

Signature of applicant: _____ ID No.: _____

Signature of parent or guardian if applicant is under 18 years: _____

ID No of parent or guardian: _____ Date: _____

IMPORTANT! - PLEASE READ AND SIGN THE DECLARATION OF CONSENT**FOR OFFICE USE ONLY**

Receipt No.: _____ Index Number: _____ Int. / Ext.

Remarks: _____

Other fees applicable: Late Application Fee €30	Change of Exam Date Request Fee €50
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Declaration of Consent

Last Name, First Name: _____

On executing my signature below, I hereby authorize the Exam Center to transmit and store my personal data ("Data"), which I provided under the terms of my registration, in the central customer database housed in the headquarters of the Goethe Institute e.V. in Munich, Germany ("GI-HQ") and there to combine this Data with any other Data previously provided and stored there.

Furthermore, I consent to the use of my Data by the Exam Center and the Goethe Institute for purposes exceeding those outlined in the executed agreement, namely for market research, advertising and any marketing associated with the range of services offered by the Exam Center and the Goethe Institute, in particular to send me relevant requests or advertisements ("Information"), such as, but not limited to, information about new course offerings at the Exam Center or the Goethe Institute. Such Information will be sent to me in the mail using the postal address I provided - and if I stipulate - may also be transmitted to me via telephone, fax, e-mail and/or text message (SMS) using the Data I have provided.

Data concerning the exams I have taken may also be transmitted to the Goethe Institute for storage and use in the central examination archives (for a maximum period of 10 years) and used for verification purposes and to issue replacement certificates, as required. To the extent that the Data relates to exams, which entitle my foreign spouse to subsequently immigrate to Germany, I hereby authorize the Goethe Institute to confirm, at the request of the German authorities, the authenticity of a certificate I have submitted to a government agency.

Neither the Goethe Institute nor the Exam Center will use my Data for any additional purposes not otherwise specified in this consent agreement. In addition, neither the Goethe Institute nor the Exam Center will not provide any Data to a third party, unless there is a reasonable suspicion of fraud with regard to the Data.

I have been informed that I may revoke my authorization for my Data's use for market research, advertising and marketing purposes at any time.

I would also like to receive information via e-mail/ SMS/ telephone/ fax

YES NO (Mark one box with an X as desired)

Signature of candidate

I.D. Number

Signature of parent if candidate is under 18

I.D. Number

Valletta, Malta

Date