



SZKOŁA  
JĘZYKÓW  
OBcych

AUTORYZOWANE CENTRUM EGZAMINACYJNE



Cambridge Assessment  
English

## REGISTRATION FORM BULATS

<b>DATE OF SESSION</b> DATE		<b>Confirmation of payment</b>
<b>NAME</b>		
<b>SURNAME</b>		
<b>DATE OF BIRTH</b>		<b>ID NUMBER</b>
<b>NATIONALITY</b>		<b>FIRST LANGUAGE</b>
<b>ADDRESS:</b>		
<b>STREET</b>		<b>NUMBER</b>
<b>CITY</b>		<b>POST CODE</b>
<b>TELEPHONE NUMBER</b>		
<b>E-MAIL</b>		

**NINIEJSZYM OŚWIADCZAM, ŻE:**

- I have read the Business Language Testing System (BULATS) Regulations for Examination Centre PL065 and accept its terms.
- I agree to the collection and processing of my personal data by BRITISH CENTRE, including transferring them to Cambridge English Language Assessment. I have been informed that I have the right to access my data and correct it in accordance with the Act of 29 August 1997 on the Protection of Personal Data (Journal of Laws of 2002 No. 101, item 926 with later changed)
- I confirm that the personal data provided is true.
- I agree to send information electronically related to the Cambridge English Language Assessment exams that I enrolled for.
  
- I agree to the collection and processing of my personal data by BRITISH CENTRE for marketing and commercial purposes regarding BRITISH CENTRE services and products. I have been informed that I have the right to access my data and correct it or delete it in accordance with the Act of 29 August 1997 on the Protection of Personal Data (Journal of Laws of 2002 No. 101, item 926 with later changed).

<b>CITY</b>	<b>DATE</b>
<b>SIGNATURE OF CANDIDATE</b>	
<b>SIGNATURE OF EMPLOYEE CENTRE</b>	