

Date of booking:

A. Personal Information

1. Your full name: | | | | | | | | | | | | | | | | | | | | | |

2. Your date of Birth Gender: *Female* *Male*

4. Your Telephone number(s) | | | | | | | | | | | | | | | | | | | | | |

5. Your E-mail address: | | | | | | | | | | | | | | | | | | | | | |

B. Examination Details

6. Name of the exam sponsor		Name of the exam
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7. Examination Code: | Do you have a valid discount voucher? Yes ☐ No ☐

If you have a discount voucher, state the code

8. Your exam sponsor connection ID |

9. Have you already booked this exam online? Yes ☐ No ☐

If Yes, state the exam; Day | | ■ | ■ | | Time |

If *No*, suggest the date you wish to take the exam | | | | Time |

State you Pearson VUE user name: | Password: |

Note: The IMIT Pearson VUE exam administrator may require that you change the date and/or time above.

Recommended exam start times: 9.00 a.m. 1.00 p.m. 4.30 p.m.

D. Your Method of Payment

☐ Direct Cash ☐ Bank Deposit ☐ Bank Transfer

Our Bank details:

ACCOUNT HOLDER: Institute of Management and Information Technology (IMIT)

BANK: BICEC

Code BIC: ICLRCMCXXXX

BANK CODE: 10001

ACCOUNT NUMBER: 42982912001 BRANCH: 06812 KEY: 02

IBAN KEY: 21

IBAN: CM2110001068124298291200102

C. TERMS AND CONDITIONS

1. You are to deposit a copy of your National Identity card or Passport with this application if it's your first exam at IMIT Pearson VUE testing center.
2. You are responsible for determining the exam you wish to take as you have indicated above.
3. If the wrong exam is activated for you as a result of your mistake, you shall lose the fees paid.
4. The centre authority may find it necessary to adjust your exam day or time after receiving your booking. The centre authority shall contact you to confirm the closest convenient day/time.
5. On the day of the exam, you must be at the exam centre at least 30 minutes before the start time.
6. There shall be **no Refund of paid fees.**
7. **Rescheduling of a booked exam:** Once an exam is booked, it must be taken. Candidates who miss an exam shall forfeit the examination fees paid.

E. DECLARATION OF CONSENT

I,, holder of National identity card number
....., issued at, on,,
have read and understood the above conditions relating to my exam booking at IMIT Douala authorized testing center.

I hereby declare as follows:

I understand that my preferred exam day and/ or time may be altered in which case, I will cooperate with the centre authority towards confirming another date and/or time.

I understand that I must be present at the exam center no later than 30 minutes to the exam start time

I understand that I will lose the fees paid if the wrong exam is programmed for me following my mistake on the intended exam I have stated above.

I understand that my exam fee will not be refunded if I miss the exam.

Therefore, by signing below and by submitting this booking, I confirm my acceptance of the conditions and also confirm that all the information I have given above is true and verifiable.

Sign: Date:

Disclaimer:

IMIT shall treat your personal information as confidential and shall only use it in connection to your relationship with the exam sponsor and Pearson VUE as a test candidate.

IMIT is committed to abiding strictly by the recommendations of Pearson VUE and the exam sponsors and to ensure the smooth delivery of the exams. However IMIT cannot be held responsible for matters beyond their control such as errors of the candidate, interruptions, and delay in releasing candidate results or other issues that can only be addressed by exam sponsor and /or Pearson VUE