

Peak Accountancy Training Ltd

Remote Examination Booking Form

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| --- | --- |
| Student Name: |  |
| AAT Registration Number: |  |
| Date of Birth: |  |
|  |  |
| Address: |  |
|  |  |
| Town: |  |
| County: |  |
| Post Code: |  |
| Email: |  |
| Telephone: |  |

|  |  |
| --- | --- |
| Bookkeeping or Accountancy Qualification: |  |
| Level (2, 3 or 4) |  |
| Unit Required: |  |
| Date required: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *This section should only be completed if you are requesting an End Point Assessment exam:* | | | | |
| Please tick the relevant box | First Attempt: |  | Re-sit: |  |

|  |  |
| --- | --- |
| I wish to be sent a link to pay by card: | Y/N |
| I require an invoice for my employer: | Y/N |
| I am a Peak Apprentice: | Y/N |

|  |  |
| --- | --- |
| Employer Invoice Details (if required) |  |
| Company: |  |
| Address: |  |
|  |  |
| Town: |  |
| County: |  |
| Post Code: |  |
| Email: |  |
| Telephone: |  |
| PO Number: |  |

**Declaration**

|  |  |
| --- | --- |
| I understand that the exam booking fee is non-refundable in the event that I am unable to sit my exam on the date specified (signed): |  |
| Date: |  |