

**TOEIC® Corporate Test Request Form**

Form Objective: This form is for use by organizations sending organization-affiliated test takers for **TOEIC Testing** at the Center for Professional Assessment (Thailand), Bangkok or Chiangmai Test Centers.

Please complete this form and e-mail it directly to the Center for Professional Assessment (Thailand) at email: **test_reservations@cpathailand.co.th** at least one (1) working day in advance of the requested test date. In order to facilitate procedures, please be sure to complete all information for each test taker.

Please complete the information below;

Organization Name			
Authorized Person	Name :		
	Position :	Department :	
	Signature :		
Contact Person	Name :		
	Phone Number :	Email :	
Request Form Sent Date	/	/	(Month/Date/Year)

Please provide information for EACH Test Taker.

Test Taker no. 1	
Name: (Mr./Mrs./Ms)	
National ID No.	
Test Location :	<input type="checkbox"/> Bangkok Test Center <input type="checkbox"/> Chiangmai Test Center
Test Date: (ex. JAN / 01 / 22)	<input type="text"/> M <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y
Test Time:	_____ (Sample:9:30)
Payment:	<input type="checkbox"/> Cash (To be paid in cash on the test date) <input type="checkbox"/> Cash + Coupon (To be paid in cash along with the Corporate Coupon on the test date) <input type="checkbox"/> Activation Coupon (To be paid by Activation Coupon on the test date) <input type="checkbox"/> Invoice (To be sent after the test date)
<p style="color: red;">*The Official Receipt/Invoice will be issued under the exact same name as the organization name stated above. In case organizations need the official receipt/invoice to be issued under other affiliated organization name, please specify below;</p> <p style="color: blue;">Affiliated Organization Name listed in the addendum of Letter of Agreement 2022</p>	
Test Result Format :	<input type="checkbox"/> Program 1: Score Roster only <input type="checkbox"/> Program 2: Score Roster + General Score Assessment + Score Record (8/sheet) <input type="checkbox"/> Program 3: Score Roster + General Score Assessment + Official Score Report
Score Pickup:	<input type="checkbox"/> Self-pick up by Test Taker (For Program 3 only) <input type="checkbox"/> Send to company <input type="checkbox"/> Pick up by Organization Representative
Attn: _____ Position: _____	



Test Taker no. 2

Name: (Mr./Mrs./Ms)

National ID No.

Test Location : Bangkok Test Center Chiangmai Test Center

Test Date: (ex. JAN / 01 / 22) MMMDDYY

Test Time: _____ (Sample:12:45)

Payment: **Cash** (To be paid in cash on the test date)
 Cash + Coupon (To be paid in cash along with the Corporate Coupon on the test date)
 Activation Coupon (To be paid by Activation Coupon on the test date)
 Invoice (To be sent after the test date)

**The Official Receipt/Invoice will be issued under the exact same name as the organization name stated above. In case organizations need the official receipt/invoice to be issued under other affiliated organization name, please specify below;*

Affiliated Organization Name listed in the addendum of Letter of Agreement 2022

Test Result Format : **Program 1:** Score Roster only
 Program 2: Score Roster + General Score Assessment + Score Record (8/sheet)
 Program 3: Score Roster + General Score Assessment + Official Score Report

Score Pickup: Self-pick up by Test Taker (For Program 3 only)
 Send to company Pick up by Organization Representative

Attn: _____ Position: _____

Test Taker no. 3

Name: (Mr./Mrs./Ms)

National ID No.

Test Location : Bangkok Test Center Chiangmai Test Center

Test Date: (ex. JAN / 01 / 22) MMMDDYY

Test Time: _____ (Sample:12:45)

Payment: **Cash** (To be paid in cash on the test date)
 Cash + Coupon (To be paid in cash along with the Corporate Coupon on the test date)
 Activation Coupon (To be paid by Activation Coupon on the test date)
 Invoice (To be sent after the test date)

**The Official Receipt/Invoice will be issued under the exact same name as the organization name stated above. In case organizations need the official receipt/invoice to be issued under other affiliated organization name, please specify below;*

Affiliated Organization Name listed in the addendum of Letter of Agreement 2022

Test Result Format : **Program 1:** Score Roster only
 Program 2: Score Roster + General Score Assessment + Score Record (8/sheet)
 Program 3: Score Roster + General Score Assessment + Official Score Report

Score Pickup: Self-pick up by Test Taker (For Program 3 only)
 Send to company Pick up by Organization Representative

Attn: _____ Position: _____