



TOEIC® Corporate Test Request Form

Please provide information for EACH Test Taker.

Test Taker no....	
Name: (Mr./Mrs./Ms)	<input type="text"/>
National ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Test Location :	<input type="checkbox"/> Bangkok Test Center <input type="checkbox"/> Chiangmai Test Center
Test Date: (ex. JAN / 01 / 21)	<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)	COVID-19 Vaccinations Received: <input type="text"/> (ex.AZ+AZ) <i>Please attach Certification of COVID-19 Vaccination</i>
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)
<i>*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;</i>	
<u>Affiliated Organization Name listed in the addendum of Letter of Agreement 2020</u>	
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: _____	

