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Payment method:
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British Council, 3 Supreme Court Road,
Admiralty, Hong Kong.

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Candidate Name: _____

Candidate Number: _____

Date of Test: _____

Centre Number: _____

Contact E-mail: _____

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1	Name of person/department	
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	Address	
2	Name of person/department	
	Name of college/university/institution	
	Address	
3	Name of person/department	
	Name of college/university/institution	
	Address	
4	Name of person/department	
	Name of college/university/institution	
	Address	
5	Name of person/department	
	Name of college/university/institution	
	Address	

****We may need supporting document from the receiving institutions to support your application**