

Registration Form

YES! I would like to register for Certified Tester Foundation Level - Agile Tester Extension (CTFL-AT) exam on DD / MM / YY

PARTICIPANT'S PARTICULARS

Full Name : As per NRIC - ALL CAPS NRIC/FIN/Passport No : _____

Company : _____ Occupation / Title : _____

Contact Number : _____ (HP) _____ (WORK)

Email Address : _____

Mailing Address : ALL CAPS (Preferably) _____

Is English your native language?

Yes No

If "No", would you like to request extra 25% extra time?

Yes No

Do you need special/disability support?

Yes* No

*To allow us to fully consider your request, supporting documentary medical evidence must be submit at the time of exam registration.

PAYMENT DETAILS REGISTRATION WILL ONLY BE COMPLETE UPON RECEIPT OF FULL PAYMENT

Sum : \$299 (EXAM FEE) _____

Cheque Number : _____

Name of Bank : _____

Please write a crossed cheque to: SINGAPORE TESTING QUALIFICATIONS BOARD Ltd and mail along with your registration form to:

583 Orchard Road #14-02
Forum The Shopping Mall
Singapore 238884

Mode of Payment I am paying Cheque
 I am paying Cashier's Order

We accept Cheque or Cashier's Order payments only.

How did you hear about the exam? Email Blast Brochure / Poster Friends / Colleagues
 Our website Others _____

TERMS & CONDITIONS

I agree to submit the CTFL certificate.

I have read, understood and agreed with the Code of Conduct and Cancellation/Re-scheduling Policy.

I agree that I am able to follow the process as stated and that I will notify the exam provided with any possible infringements to this ability, along with this application, to identify remedial arrangements prior to taking the examination.

I agree to have my personal data electronically stored and processed by SGTQB for general reviewing purposes and for the purpose of issuing, administrating and recognizing certificates.

In addition, I hereby grant permission to the data being forwarded to the respectively responsible national testing board(s) within ISTQB.

I hereby state that I have answered all questions by myself and without use of any prohibited aids.

I agree that as a holder of the requested certificate I shall, comply with the relevant provisions of the certification, make claims regarding certification only with respect to the scope for which certification has been granted, not use the certification in such a manner as to bring the SGTQB into disrepute, and that I shall not make any statement regarding the certification which the SGTQB may consider misleading or unauthorized, discontinue the use of all claims to certification that contains any reference to the SGTQB or certification upon suspension or withdrawal of certification, and to return any certificate issued by the SGTQB and not to use the certificate in a misleading manner.

I understand the results of the exam will get three weeks from the date of exam and the certification will take up to two months from the date of exam.

I understand that in the event of unforeseen circumstances the Board reserves the right to change the exam schedule at any time with prior notice to all candidates.

I accept the terms and conditions for the exam registration.

Signature / Organization Stamp : _____

Date : _____